

Elkhart and St. Joseph Counties Head Start Consortium

Family Partnership Agreement
Planificador de objetivos para la familia

Child's Name _____ Birth Date: ____/____/____ Site: _____

Parent's Name/Guardian: _____ Father/Padre Present: Y / N

GOALS I (we) want to/ Objetivos Yo (Nosotros) queremos: _____

HAS already been working on: _____ Agency: _____
 Performance Standard 1302.5 (d) Existing Plans with other community agency)

<p>Steps I (we) will take <i>Pasos que vamos a tomar</i></p>	<p>Step 1 : Step 2 :</p>	<p><i>Family Needs Identified</i> <i>Neceidades Identificadas</i></p>	<p>Family's Strengths: Puntos Fuertes:</p>
<p><i>Revised goal as need it</i></p>	<p>Family and Community Engagement Framework (PFCE) () Well Being () Positive Parent child Relationship () Family as a Life learner Educations () Family as a Learners () Family Engagement in Transitions () Family Connections with Peers and Community () Family as Advocates and Learners</p>	<p>Referral/Resources: Strategies () Love and Logic () Triple P () Fatherhood () STEP () Health Relationships () Conscious Discipline () Others _____</p>	<p>I (we) will need support from <i>Necesitaremos apoyo de</i></p>
<p><i>Individual progress Follow-up Notes Mid-Year:</i> Date: ____ / ____ / ____</p>		<p>Mid-Year Achievement score 1) No Progress 2) Minimal Process 3) Goal Partially Achieved 4) Goal Achieved</p>	<p><i>Barriers/ challenges:</i></p>
<p><i>Individual Process Follow-up Notes End Of the year:</i> Date: ____ / ____ / ____</p>		<p>End of the Year score 1) No Progress 2) Minimal Process 3) Goal Partially Achieved 4) Goal Achieved</p>	<p><i>Barriers / challenges:</i></p>

Parent Signature/Firma de padre: _____ Staff Signature: _____ Date: _____

Note: If Minimal or no Progress is noted additional support and /or alternative goals must be documented to address barriers

Elkhart and St. Joseph Counties Head Start Consortium