

Make Goals **S M A R T**
 Specific
 Measurable
 Attainable
 Realistic
 Time specific

Family Partnership Agreement
Planificador de objetivos para la familia

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

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

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)

<i>Family Needs Identified</i>		Family's Strengths:			<i>Family Outcomes</i>	
Action Plan	<i>Action Steps</i>	<i>Who?</i>	<i>When?</i>	Referral/Resources: Strategies () Love and Logic () Triple P () Fatherhood () STEP () Health Relationships () Conscious Discipline () Others _____	<input type="checkbox"/> Family well being	
	<i>Action Steps</i>				<input type="checkbox"/> Positive Parent -Child Relationship	
	<i>Action Steps</i>				<input type="checkbox"/> Families as lifelong Educators	
					<input type="checkbox"/> Family as Learners	
					<input type="checkbox"/> Family Engagement in Transition	
					<input type="checkbox"/> Family Connections with Peers and Community	
					<input type="checkbox"/> Family as Advocate and Learners	
If the goal is no process or Minimal progress is noted additional support and/or revised goal	<i>Identifited Barries / Challeges</i>	<i>Revised goal as needs it</i>	<i>Action steps:</i>		<i>Who</i>	<i>when</i>
<i>Individual Progress Action Follow-up</i> Date: ____ / ____ / ____			Achievement score 1)No Progress 2) Minimal Process 3)Goal Partially Achieved 4) Goal Achieved		<i>Barriers/ challenges:</i>	
<i>Individual Process Action Follow-up</i> Date: ____ / ____ / ____			Achievement score 1)No Progress 2) Minimal Process 3)Goal Partially Achieved 4) Goal Achieved		<i>Barriers / challenges:</i>	

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