

Family Partnership Agreement Plan

The Family Partnership Agreement is to be completed by the Family Service Worker along with the Family entering into the Partnership Agreement. The original form must be kept in the child's folder.

The Family Partnership Process is introduced during enrollment to encourage participation. The purpose of this agreement is to help increase the family's self-sufficiency and empowerment. Please note: Family Engagement Outcomes are a focus areas and need to be assessed until the family has completed this outcome.

The Family Partnership Agreement Process is as follows:

- a) Review and explain the PFCE Family Goal Assessment Strengths and Needs form with the family.**
 - b) Complete the PFCE Family Goal Assessment (Strengths and Needs) using the areas that are categorized as:**
 1. Interest/Referral the Family would like information or assistance
 2. Need: Family is in need of assistance
 3. Strength: Family is doing well
- *ChildPlus click Family Outcomes Tab**
- c) Use any resources necessary to provide families with referrals:** Ex: Resources Mini Resource Directory Guide, 411, internet or other local resources. Referrals are to be used to help family connect with a community service agency to ensure a smooth delivery of service. *** ChildPlus click Family Services Information Tab**
 - d) Identify and document any pre-existing plans the family is already on.** Ex: CPS-Safety , ECI-IFSP
 - e) Assist the family to identify their long and short term goals; Family goals must have an Expected Date of Completion and a Date of Completion.** ChildPlus click Family Services Information Tab
 - f) If the family has agreed to participate in the Partnership Agreement please ensure that:**
 1. Explain document and the follow up process to them.
 2. The agreement is to be used for the duration of the child's enrollment in the program.
 - g) A Home visit and Follow up visit is required and should be completed as per individual goals listed by the end of the program year even if the family has not reached their stated goals. The information documented on this agreement must entered in the ChildPlus system immediately.**

1. Father Engagement: Has the father/father figure participated in the following activities during this program year:

Compromiso de Padre: Ha participado en las siguientes actividades durante este año:

- 1. **Family assessment/Evaluación de las metas familiares** Yes____ No____
- 2. **Family goal setting/Meta de la familia** Yes____ No____
- 3. **Involvement in Head Start child development experiences/ Participación en experiencias de desarrollo del niño(a) en Head Start (e.g. home visits, parent-teacher Conferences, etc.)** Yes____ No____
- 4. **Head Start Program Governance, such as participation in the Policy Council/Participación en el Concilio de Padres** Yes____ No____
- 5. **Parenting education workshops/Trainings/Entrenamientos de educación para padres** Yes____ No____

2. Is family participating in a Preexisting Plan(s) with any other Agency: (If any) please list the agency plan: (Ex: Child Protective Services, ECI(IFSP))

3. Identified Family Strengths and Needs/Fortalezas y las necesidades de la familia identificados

***As identified on PFCE Family Assessment Form**

Strengths Ex: Education, Employment, Family Support or Family Health	Needs Ex: Education, Employment, Family Support or Family Health
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

4. Short Term Goals/Metas a corto plazo (*Short term goals are goals between the time limit of 6- 12 months)

Goals/Metas:	Expected Completion Date <i>Fecha De Finalización</i>	Completed Date <i>Fecha Prevista de Finalización</i>
1. _____	____/____/____	____/____/____
2. _____	____/____/____	____/____/____
Objectives/Objetivos:		
1. _____	____/____/____	____/____/____
2. _____	____/____/____	____/____/____
Referrals/Referencias:		
1. _____	____/____/____	____/____/____
2. _____	____/____/____	____/____/____
Progress/Progreso:		
1. _____	____/____/____	____/____/____
2. _____	____/____/____	____/____/____

Long Term Goals/ Metas a largo plazo (*Long term goals are goals between the time limit of 1-5 years)

Goals/Metas:	Expected Completion Date <i>Fecha De Finalización</i>	Completed Date <i>Fecha Prevista de Finalización</i>
1. _____	____/____/____	____/____/____
2. _____	____/____/____	____/____/____
Objectives/Objetivos:		
1. _____	____/____/____	____/____/____
2. _____	____/____/____	____/____/____
Referrals/Referencias:		
1. _____	____/____/____	____/____/____
2. _____	____/____/____	____/____/____

Progress/Progreso:

1. _____ /_____/_____/_____/_____/_____
2. _____ /_____/_____/_____/_____/_____

5. Participation:/Participación

1st Year /Primer Año:

Parent/Guardian-Padre/Guardián Date/Fecha

Staff/Empleado Date/Fecha

2nd Year /Segundo Año:

Parent/Guardian-Padre/Guardián Date/Fecha

Staff/Empleado Date/Fecha