Shasta Head Start Child Development Inc.

Family Partnership Agreement & School Readiness Goals

Child Name:_____ Date: _____

Parent Name(s): _____ HV/FW: _____

SETTING A GOAL:

1. What is one thing you would like to improve, change, or achieve (for yourself or your family)?

_____

2. With the help of your FW/HV, decide on **one specific measurable activity/goal** you can complete within this program year (By June 1).

3. Are you working with another agency on the above goal? ☐ Yes ☐ No
If yes? How is that agency supporting you in achieving the goal?_____

_____

ACTION STEPS: List 3 steps it will take to complete the activity/goal. If the family is working with another agency, refer to #3 to ensure that a duplication of services has not occurred.	**Person Responsible**	**Help Needed**	**Planned Completion Date**	**Date Completed**
1. _____		_____		
2. _____		_____		
3. _____		_____		

_____ _____ _____ _____

Parent Signature Date Staff Signature Date

Monthly Follow–up of Activities/Opportunities parent will provide for Child Goals: Include date	Monthly Family Goal Follow-up: Include Date