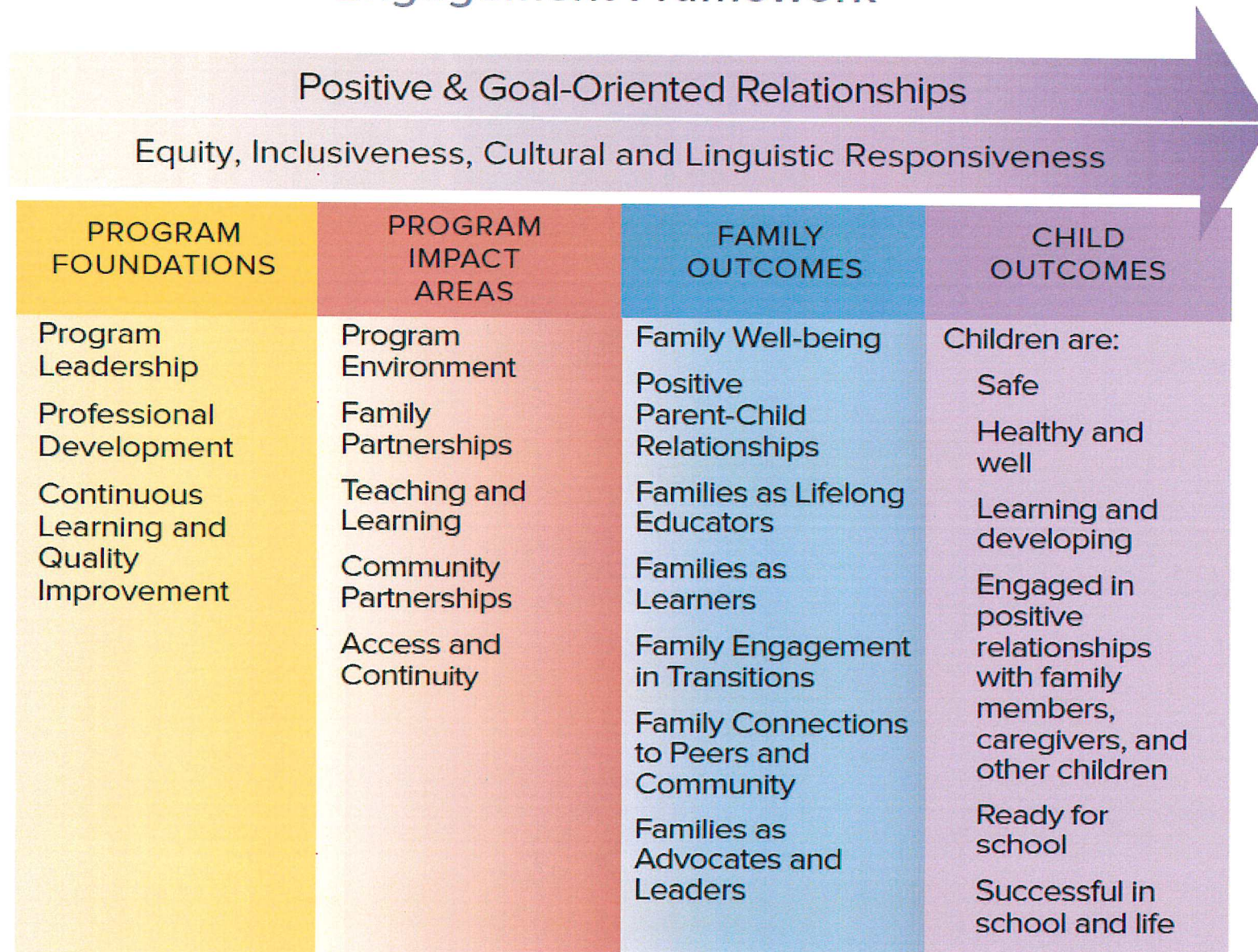


# Head Start Parent, Family, and Community Engagement Framework





# FAMILY SERVICES COVER SHEET

Child's Name: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Dual Enrollment/Primary FS Worker: \_\_\_\_\_ 60 Day: \_\_\_\_\_ 90 Day: \_\_\_\_\_

	Documents	Date Completed	Comments
(1)	<b>Family Opportunity and Interest Assessment (FOIA)</b>	Date _____ (Baseline) Date _____ (EOY) (By June 30)	<b>*CP Input Required within 3 days of completion</b>
(2)	<b>Family Partnership Agreement</b>  <b>(Family Goals)</b>  (Enter in CP by within 3 days of completion, & update in Jan, March & May, complete and close goals by June 30)	Date written by 90 days 1. _____  Initial input/Update in CP 1. _____ 2. _____ (Jan) 3. _____ (March) 4. _____ (May/June) 5. _____ (Termination Mid Year)	<b>*CP Input Required within 3 days of completion</b>  <b>Goals must be updated and closed in ChildPlus by June 30</b>
(3)	<b>PIR Data-CP Input</b> (Enter in CP by 90 days, & update in Jan, March, May & July)  <i>* Under "Family Services Information" tab</i>	90 days _____ Jan. _____ March _____ May/June _____ Term Mid Year _____	<b>*CP Input Required within 3 days of completion</b>  <b>Needs should be identified with referral and follow up throughout the program year.</b>
(4)	<b>Attendance Notification Documentation (as needed)</b>  60 Day ADA% _____ (Parent Education – Help Your Child Succeed)  Reason for ADA below 90% in first 60 days _____	Verbal Notice _____ 1st Written Notice _____ 2 <sup>nd</sup> Written Notice _____ 3rd Written Notice _____ AST/Attendance Contract _____	<b>*No CP Input Required (Include on Family Services Monthly Summary)</b>  <b>Severe Chronic Absence Due to Illness (80% ADA or below) (Parent Education – Healthy Mind &amp; Body)</b>  Date: _____ Date: _____
(5)	<b>Father/Father Figure Engagement</b> <i>* PIR Data- CP Input Required under Family Services information tab</i> _____ Involvement in CD HV/Conferences _____ Family Assessment _____ Family Goal Setting _____ Classroom Engagement _____ Program Governance _____ Parenting Curriculum	<b>At least one parent/guardian completed the following during this program year:</b> <i>* PIR Data- CP Input Required under Family Services Information tab</i> _____ Grade level in school      _____ MPAP (Center, FCC) _____ High School GED _____ AA Degree _____ BA Degree _____ Job training/professional certificate or license.	





# Family Opportunity & Interest Assessment (FOIA)

S-Strength N-Neutral O-Opportunity I-Interest

Child(ren)Name \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Staff Name: First Screening: \_\_\_\_\_ Second Screening: \_\_\_\_\_

Date of First Screening: \_\_\_\_\_ Father/father figure participated?  Yes  No

Date of Second Screening: \_\_\_\_\_ Father/father figure participated?  Yes  No

The FOIA is completed within 90 days of enrollment and at the end of the program year by June 30th.





Transitions		Family Engagement in Transitions, PF 5	
Measures the Parent/Guardian(s)'s knowledge of future education options and the transition process		1 <sup>st</sup>	2 <sup>nd</sup>
<b>Target Questions:</b> 1. Where would you like your child to attend next school year? 2. What do you have to do to register? 3. What steps have you taken already?			
<b>S</b>	Parent/Guardian(s) has established a specific plan, and would like the child to transition to _____ . Parent has all documents required if applicable.	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Parent/Guardian(s) has a general idea of the school/program/caregiver where the child will transition. Parent/Guardian(s) is aware of the application/registration process.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) does not know how to select a school/program/ caregiver. Parent/Guardian(s) is unaware of the application/registration process.	<input type="radio"/>	<input type="radio"/>
<b>Interest: Parent/Guardian(s) would like to receive additional information about their child's transition options and/or completing the application/registration process.</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Parenting Education		Positive Parent Child Relationships, PF 3	
Measures the Parent/Guardian(s)'s knowledge of child development/parenting education		1 <sup>st</sup>	2 <sup>nd</sup>
<b>Target Questions:</b> 1. Is your child's behavior manageable most of the time? 2. Do you have any questions about what to expect at this age? 3. What discipline techniques do you use? 4. On a scale of 1-5, 1 being low stress and 5 being extreme uncontrollable stress, how stressed do you feel during challenging interactions with your child? Why?			
<b>S</b>	Parent/Guardian(s) regularly maintains emotional control during stressful parent/child interactions, has excellent knowledge and understanding of infant/child development, and has an age appropriate approach to discipline.	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Parent/Guardian(s) can manage their child(ren)'s behavior most of the time and they feel that they can help their child(ren) learn and grow.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) feels overwhelmed or frustrated with child(ren)'s behavior and/or needs assistance helping their child learn and grow.	<input type="radio"/>	<input type="radio"/>
<b>Interest: Parent/Guardian(s) would like tools to manage and respond to their child(ren)'s behavior, resources to help their child learn and grow, or additional information on child development.</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Advocacy		Families as Advocates and Leaders PF 2	
<b>Measures the family's ability to connect with peers and community to improve children's development and learning experiences</b>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Who do you turn to when you need help? Are there any particular community agencies that you find helpful?</li> <li>Some families attend local events, volunteer, participate regularly in religious services or ceremonies, or are involved in other groups. Do you and your family do any of these things?</li> <li>Tell me about a time when you advocated for your child or family.</li> <li>Do you attend the Parent Meetings/socializations and/or male involvement activities?</li> </ol>			
<b>S</b>	Parent/Guardian(s) is engaged in local or state level advocacy work, such as Head Start Policy Council, PTA, or other community organizing activities.	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Parent/Guardian(s) attends parent meetings, socializations, and/or male involvement events and advocates for their own child and family's needs.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) does not attend parent meetings, socializations, or male involvement events and struggles to advocate for their child and family's needs.	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) would like information about opportunities for family and community connection and advocacy.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

English as a Second Language		Families as Lifelong Educators, PF 4	
		<input type="checkbox"/>	N/A
<b>Measures the extent to which the Parent/Guardian(s) communicates in English</b>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Does your family speak another language?</li> <li>If yes, how do you feel about your English Communication skills on a scale of 1-5? 1 being no or limited understanding &amp; 5 being fluent.</li> </ol>			
<b>S</b>	Parent/Guardian(s) communicates fluently in English.	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Parent/Guardian(s) has basic English communication skills.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) has no or very limited understanding of English.	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) would like to increase English language skills.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	



Adult Education		Families as Learners, PF 4	
Measures the Parent/Guardian's level of formal education		1 <sup>st</sup>	2 <sup>nd</sup>
<b>Target Questions:</b> 1. What is the highest education level you finished?			
<b>S</b>	Parent/Guardian(s) has a college degree or vocational license/certificate.	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Parent/Guardian is currently attending college or vocational training program and/or Parent/Guardian(s) has a GED/high school diploma.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) does not have a GED/high school diploma.	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) would like to obtain additional education or educational support/resources.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Employment/Job Training		Family Well Being, PF 4	
Measures the Parent/Guardian(s)'s employment status		1 <sup>st</sup>	2 <sup>nd</sup>
<b>Target Questions:</b> 1. Are you currently employed? If yes, describe your employment. Is it stable? It is full time? 2. Does it provide adequate income? 3. Are you satisfied with your job? 4. Where would you like to be in the future?			
<b>S</b>	Parent/Guardian(s) has stable full-time employment with more than adequate income and a defined career path.	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Parent/Guardian(s) has stable employment with adequate income and works the equivalent of full-time hours.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) has temporary, part-time, or seasonal work with inadequate pay or work hours; or Parent/Guardian(s) is unemployed.	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) is interested in making more money, changing jobs, increasing hours, or obtaining employment or job training.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating for #1:</b>		<b>Evidence for Rating for #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Asset Building Services/Income Support		Family Well Being , PF 4	
<i>Measures the family's financial situation</i>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> 1. Do you have enough money to pay for bills and food? 2. Are you able to pay your bills on time? 3. Are you receiving assistance such as WIC, SNAP, Utility assistance in order to pay your bills? 4. Do you have money in savings?			
<b>S</b>	Family has more than adequate income, money in savings, maintains a budget, and pays bills in full every month. Parent/Guardian(s) does not receive outside assistance (i.e. SNAP, WIC, Utility Assistance).	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Family has a stable income, is sometimes able to save money, and most bills are paid on time. Parent/Guardian(s) may receive outside assistance to help offset expenses (i.e. SNAP, WIC, Utility Assistance).	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Family has insufficient income to meet their needs, even if they receive outside assistance (i.e. SNAP, WIC, Utility Assistance) and/or Parent/Guardian(s); has high debt.	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) is interested in learning how to manage money, increase income, or access financial support (ie. SNAP, WIC, Utilities Assistance).		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Child Support Assistance		Family Well Being,		N/A
<i>Measures whether Parent/Guardian(s) is receiving court-ordered Child Support.</i>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	
<b>Target Questions:</b> 1. Are you eligible for child support? If so, do you receive court-ordered child support? 2. Do you receive the correct amount on time each month?				
<b>S</b>	Parent/Guardian receives every Child Support payment on time and in the full amount mandated by Family Court.	<input type="radio"/>	<input type="radio"/>	
<b>N</b>	Parent/Guardian receives the majority of Child Support payments on time and in the amount mandated by Family Court.	<input type="radio"/>	<input type="radio"/>	
<b>O</b>	Parent/Guardian does not receive court-ordered Child Support payments.	<input type="radio"/>	<input type="radio"/>	
<b>Interest:</b> Parent/Guardian(s) is interested in going to Family Court for court-ordered Child Support assistance.		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>		
<b>Resources Given:</b>		<b>Resources Given:</b>		
<b>Follow-Up:</b>		<b>Follow-Up:</b>		

Emergency/Crisis Intervention		Family Well Being, PF 4	
<i>Measures the extent to which the Parent/Guardian(s) has resources to meet basic and emergency needs and is able to sustain housing.</i>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Do you have enough food and clothing for your family? Is your housing adequate? What kind of transportation do you use regularly? Is it reliable?</li> <li>Do you have enough savings for small emergencies like an unexpected bill? If not, is there someone or some place you can borrow money from?</li> <li>Do you know what resources are available for an emergency need?</li> </ol>			
<b>S</b>	Parent/Guardian(s) has more than adequate resources to support household and has additional resources for emergency situations. Parent/Guardian(s) does not require outside assistance for basic or emergency needs.	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Parent/Guardian(s) meets basic food, clothing, and housing needs. Basic needs may be met with assistance. (CalWORKs, CalFresh, WIC) Parent/Guardian(s) has resources available for small emergencies.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) does not have enough resources to meet food, clothing, housing, or transportation needs.	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) is interested in learning about community resources for basic or emergency needs.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Housing/Utilities		Family Well Being, PF 4	
<i>Measures the extent to which the Parent/Guardian(s) is able to sustain housing and pay utilities.</i>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Tell me about your housing. Is it stable?</li> <li>Do you receive housing assistance to pay your rent/mortgage?</li> <li>Do you receive assistance to pay your utilities?</li> <li>Do you pay your rent/mortgage &amp; utilities on time?</li> </ol>			
<b>S</b>	Parents/Guardian(s) is always able to pay rent/mortgage and utilities on time and without assistance. Family has stable housing.	<input type="radio"/>	<input type="radio"/>
<b>N</b>	Parent/Guardian(s) is usually able to pay rent/mortgage and utilities on time. Parent/Guardian(s) may receive housing assistance (i.e. section 8, HUD, or low-income housing). Family has stable housing.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) is living in temporary, transitional or overcrowded housing or family is homeless. (McKinney-Vento)	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) is interested in learning about community resources to improve housing and/or utilities.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating for #1:</b>		<b>Evidence for Rating for #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Early Intervention/Special Education		Families as Advocates and leaders, PF 4		N/A	
Measures whether child is receiving special education services.				1 <sup>st</sup>	2 <sup>nd</sup>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Does your child have a suspected or identified disability?</li> <li>Does your child have an IEP/IFSP?</li> <li>Do you have an concerns about your child's IEP/IFSP?</li> <li>Is your child receiving all recommended services?</li> <li>Is your child receiving additional services?</li> </ol>				<input type="checkbox"/>	
N	Child has a current IEP/IFSP and is receiving all recommended services.			<input type="radio"/>	<input type="radio"/>
O	Child has a suspected disability but does not have an IEP/IFSP.			<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) would like additional information, resources or support related to their child's suspected or identified disability.				<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>			<b>Evidence for Rating #2:</b>		
<b>Resources Given:</b>			<b>Resources Given:</b>		
<b>Follow-Up:</b>			<b>Follow-Up:</b>		

Health Education/Family Health		Family Well Being , PF 4			
Measures the family's access to health insurance, medical/dental home and health status				1 <sup>st</sup>	2 <sup>nd</sup>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Does everyone in the family have a doctor and dentist that they seeregularly?</li> <li>Does everyone have health insurance?</li> <li>Does anyone in your family have a serious health condition? Is it being monitored by a doctor?</li> </ol>					
S	All adults and children have health insurance and a medical/dental home. Family members practice a healthy lifestyle and have no serious health conditions.			<input type="radio"/>	<input type="radio"/>
N	Only the child(ren) has health insurance. All adults and children have a medical/dental home. If a family member(s) has a health condition, the condition is stable.			<input type="radio"/>	<input type="radio"/>
O	Child(ren) does not have health insurance or the family does not have a medical/dental home; and/or family member(s) has a serious, unstable health condition.			<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) is interested in getting health insurance, medical/dental home, health education and/or CPR/First Aid.				<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating for #1:</b>			<b>Evidence for Rating for #2:</b>		
<b>Resources Given:</b>			<b>Resources Given:</b>		
<b>Follow-Up:</b>			<b>Follow-Up:</b>		

Relationship/Marriage Education		Family Well Being, PF 2		<input type="checkbox"/>	N/A
<b>Measures the stability of the Parent/Guardian(s)'s relationship</b>				<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target questions:</b> <ol style="list-style-type: none"> <li>All couples have their challenging times. How do you and your partner manage conflict?</li> <li>Are you able to communicate respectfully?</li> <li>Do you feel supported?</li> <li>What are your problem solving strategies?</li> </ol>					
<b>N</b>	Parent/Guardian and partner are able to problem solve most daily living issues but may have some difficulty solving bigger issues. Couple is generally able to listen and provide support to each other.	<input type="radio"/>	<input type="radio"/>		
<b>O</b>	Parent/Guardian and partner have an unstable relationship, conflicts are difficult to resolve, and communication is not respectful.	<input type="radio"/>	<input type="radio"/>		
<b>Interest:</b> Parent/Guardian(s) would like to improve their relationship/marriage.				<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>			
<b>Resources Given:</b>		<b>Resources Given:</b>			
<b>Follow-Up:</b>		<b>Follow-Up:</b>			

Mental Health		Family Well Being, PF 1		<input type="checkbox"/>	N/A
<b>Measures emotional stability of family members</b>				<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Tell me how you deal with stress, sadness, frustration, disappointment.</li> <li>What do you do when you are angry?</li> <li>How do you deal with conflict?</li> </ol>					
<b>N</b>	Family members have healthy ways of dealing with anger, sadness, frustration, and disappointment.	<input type="radio"/>	<input type="radio"/>		
<b>O</b>	A family member or family members does not have healthy ways of dealing with anger, sadness, frustration, and disappointment.	<input type="radio"/>	<input type="radio"/>		
<b>Interest:</b> Parent/Guardian(s) would like to improve stress management and have healthier ways of dealing with anger, sadness, frustration, and disappointment.				<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>			
<b>Resources Given:</b>		<b>Resources Given:</b>			
<b>Follow-Up:</b>		<b>Follow-Up:</b>			

Domestic Violence		Family Well Being, PF 4	
<i>Measures safety in the family home</i>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> 1. Do you feel safe at home? 2. When your child grows up, do you want them to have a relationship with their partner like you do with yours? What would be the same? What would be different?			
<b>N</b>	Family members feel safe in the home (physically and emotionally).	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Family members do not feel safe in the home (physically or emotionally).	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) would like to feel safer in their home. Parent/Guardian(s) would like more information about healthy relationships.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Child Abuse/Neglect Services		Family Well Being, PF 3	
<i>Measures Parent/Guardian(s)'s experiences with Child Welfare Services</i>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> 1. Is your family currently involved with CFS/CPS, either voluntarily, as ordered by the court, as foster parents, or as prospective adoptive parents? 2. Some families choose to obtain a social worker, does this apply to you?			
<b>N</b>	Parent/Guardian(s) is not currently involved with Child Welfare Services (foster care, CFS/CPS, adoption, or voluntary services).	<input type="radio"/>	<input type="radio"/>
<b>O</b>	Parent/Guardian(s) is currently involved with Child Welfare Services (foster care, adoption, or voluntary services).	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) would like to receive more information about coping with childhood trauma, completing CWS case plan; and/or preventing child abuse and neglect.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating for #1:</b>		<b>Evidence for Rating for #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Substance Abuse Prevention and Treatment		Family Well Being, PF 1	
<i>Measures Parent/Guardian(s)'s use of substances (alcohol, cigarettes, and/or other drugs)</i>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Does anyone in the family or in the home smoke, drink alcohol, or use drugs?</li> <li>Does it have a negative impact on themselves or others in the house?</li> </ol>			
<b>N</b>	Family members do not use substances especially while pregnant, or adult family members use substances socially and it does not impact daily functioning.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	A family member or family members' substance use has a negative impact on pregnancy, daily functioning and/or causes family stress.	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) would like to receive more information about substance abuse prevention and treatment.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

Assistance with Incarcerated Family Member(s)		Family Well Being, PF 1	
<i>Measures Parent/Guardian(s) has an incarcerated family member, on probation, or on parole</i>		<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>
<b>Target Questions:</b> <ol style="list-style-type: none"> <li>Is anyone in the immediate family in jail/prison?</li> <li>Is anyone in the immediate family on probation or parole?</li> </ol>			
<b>N</b>	Parent/Guardian(s) does not have an immediate family member incarcerated, on probation, or on parole.	<input type="radio"/>	<input type="radio"/>
<b>O</b>	An immediate family member is incarcerated, on probation, or on parole.	<input type="radio"/>	<input type="radio"/>
<b>Interest:</b> Parent/Guardian(s) would like to receive information or resources about supporting an incarcerated family member.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence for Rating #1:</b>		<b>Evidence for Rating #2:</b>	
<b>Resources Given:</b>		<b>Resources Given:</b>	
<b>Follow-Up:</b>		<b>Follow-Up:</b>	

## *Additional Opportunities Identified*

<i>Additional Opportunity identified/date:</i>	<i>Additional Opportunity identified/date:</i>
<i>Resources Given/date:</i>	<i>Resources Given/date:</i>
<i>Follow-Up/date:</i>	<i>Follow-Up/date:</i>

## *Additional Opportunities Identified*

<i>Additional Opportunity identified/date:</i>	<i>Additional Opportunity identified/date:</i>
<i>Resources Given/date:</i>	<i>Resources Given/date:</i>
<i>Follow-Up/date:</i>	<i>Follow-Up/date:</i>



# 211norcal.org/Shasta

One reason we do the Family Opportunity and Interest Assessment is to assist the family in identifying and assessing their unique strengths, interests, opportunities, and goals. When an opportunity is identified, or when the family expresses an interest, provide the family with an external referral or direct service. You can give them the 211norcal.org/Shasta website as a place where they can go and find the resources that they might need quickly.




See family services for business cards or more information.



## Learn How to Prevent & Treat Diabetes

Diabetes affects how your body turns food into energy. Learn more.

**2-1-1 Shasta connects people with community services in Shasta County. How to use 2-1-1:**

-  Text your **zip code** to **898211**
-  Call **2-1-1** to connect with a call specialist for personalized service any time, day or night. (Callers from out of county or TTY users may dial [855-211-7822](tel:855-211-7822).)
-  Choose a **Category** below to browse resources





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 30).  
*(Who will do what by when?)*

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? \_\_\_\_\_

\_\_\_\_\_

<b><u>ACTION STEPS:</u></b> 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.	<b>Person Responsible</b>	<b>Help Needed</b>	<b>Planned Completion Date</b>	<b>Date Completed</b>
1. _____		_____		
2. _____		_____		
3. _____		_____		

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



## S.M.A.R.T Goals

### Specific

- Who?
- What?
- When?
- Where?
- Why?

### Measurable

- How much?
- How many?
- How will you know it's been accomplished?

### Attainable

- Action steps:
  - o 1.
  - o 2.
  - o 3.
- Do you need assistance/support?
  - o (if yes, discuss from who and how)
- Do you need more knowledge, skills, or abilities?
  - o (if yes, discuss if gaining those things needed should be a goal first before trying to accomplish the bigger goal)

### Realistic

- Are you willing?
- Are you able?
- Do you *believe* you can accomplish it?
  - o (if no, guide/encourage or change as needed- the goal should be high, but not out of reach)

### Timely

- Projected completion date:



Ask For  
Help When  
I Need It



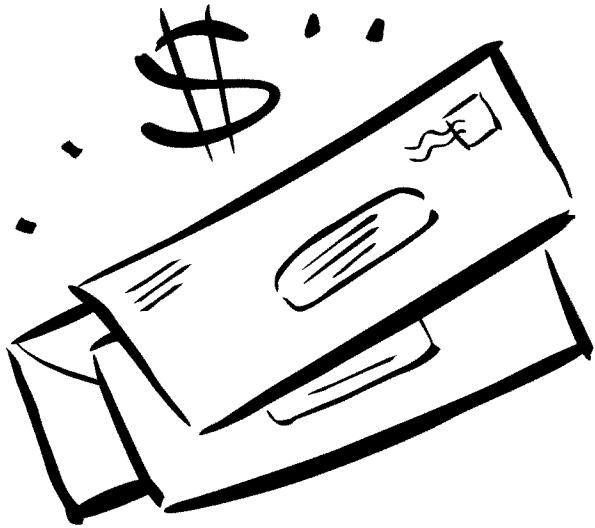
Take Care  
Of Myself



Have A  
Good Job



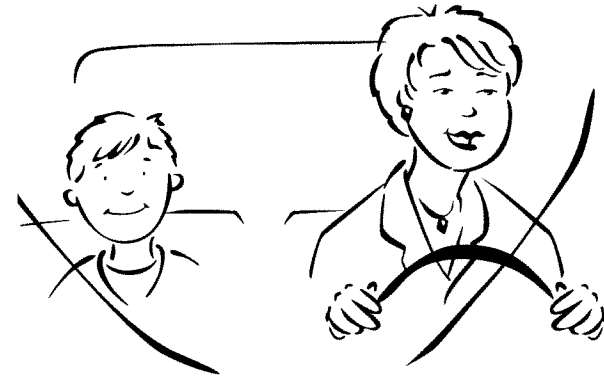
**Pay Bills  
On Time**



**Clean/Sober**

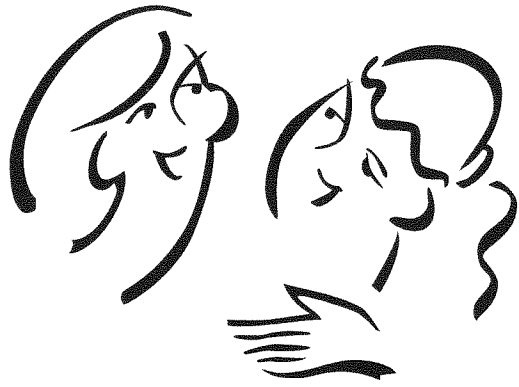


**Have  
A Car**



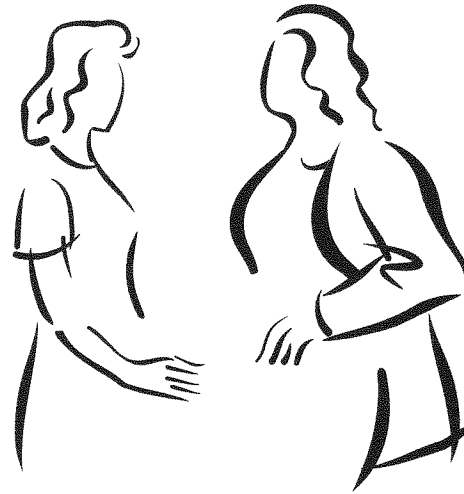


## Parenting Education



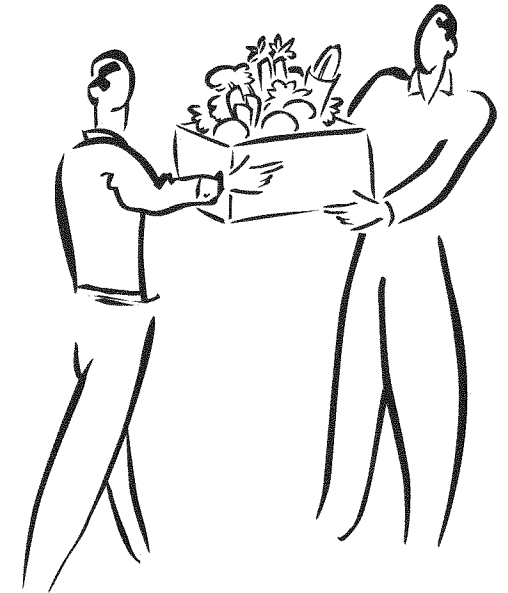
A parenting class or home visits can connect you with skilled people to talk with.

## Counseling



Seeking counseling is a great way to stay mentally and emotionally healthy.

## Community Resources



Use of local community resources can help meet your family's needs.

## Job



What is the right job  
for you?

## Housing



Does your current housing  
meet the needs of your family?

## Budgeting Money



Are you able to budget money  
for all your family's needs?



Shasta Head Start Child Development Inc.  
**Family Partnership Agreement & School Readiness Goals**

Child Name: Blaine Key

Date: 10/15/20

Parent Name(s): Don and Jo Key

HV/FW: Awesome Worker

**SETTING A GOAL:**

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

2. With the help of your FW/HV, decide on **one specific measurable activity/goal** you can complete within this program year (By June 30).  
Jo will get her GED by 6/30/21.

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? \_\_\_\_\_

NVCSS is buying my books.

<b>ACTION STEPS:</b> 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.	<b>Person Responsible</b>	<b>Help Needed</b>	<b>Planned Completion Date</b>	<b>Date Completed</b>
1. <u>Sign up for classes</u>	<u>Parent</u>	None	<u>11/30/20</u>	<u>11/30/20</u>
2. <u>Study 1 hour per night per class</u>	<u>Parent</u>	None	<u>4/1/21</u>	<u>4/1/21</u>
3. <u>Take final exam</u>	<u>Parent</u>	None	<u>6/30/21</u>	

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Follow-up of Activities/Opportunities parent will provide  
for Child Goals: Include date

10/20/20-Received child goal with parents. Resources for SE goal ok.

Additional resources for language goal. (raising a reader)

1/15/21-Reveiwed child goal with parents. IEP scheduled for 1/25/21

Continue working on current goals. What to expect at an IEP packet given.

4/1/21- Received Child goals with parents. Parents do not need additional  
Resources currently.

Family Goal Follow-up:  
Include Date

11/30/20-Jo enrolled in GED Class.

1/15/21-Parent is going to class 1 night per week. And Studying 1 hr. a night

4/1/21-Parent is scheduled to take exam on 5/30/21. Continues to go to  
Class 1 night per week.

## Examples of FPA Goals

### 1. Parent Says: "I want to go to college"

FPA goal: Parent will enroll in college classes by Fall 2012

Action 1: Call for an appointment with admissions counselor within two weeks.

Action 2: Stop by the financial aid office and get packet within two weeks.

Action 3: Register for fall classes by 8/1/12.

### 2. Parent Says: "I want to get a job"

FPA goal: Parent will job search three times a week for three months.

Action 1: Buy a newspaper and read classified ads 3 times a week.

Action 2: Turn in application/resume each week for three months

Action 3: Check on applications submitted each week

### 3. Parent Says: "I want to be a better parent"

FPA goal: Parent will go to a parenting class once a week for 5 weeks

Action 1: Call and reserve a spot at Nurturing Parenting Class within two weeks.

Action 2: Ask neighbor for a ride within two weeks.

Action 3: Attend the Nurturing class each week for five weeks.

### 4. Parent Says: "I want to lose weight"

FPA goal: Parent will lose 10 pounds within three months

Action 1: Drink 8 glasses of water daily for three months.

Action 2: Eat five servings of fruit/vegetables daily for three months.

Action 3: Exercise 3 times a week for three months.

### 5. Parent Says: "I want to potty train my son"

FPA goal: Parent will Read a book about potty training three times a week for two months.

Action 1: Check out book from resource library this week.

Action 2: Read the book three times a week for two months.

Action 3: Discuss weekly with my home visitor until potty trained.

### 6. Parent Says: "I want to save money"

FPA goal: Parent will save \$25 a month for six months

Action 1: Complete budget packet within one month.

Action 2: Open savings account at the bank within one month.

Action 3: Deposit \$12.50 from each paycheck into savings account for six month.

**7. Parent Says: "I want to help the speech therapist work with my daughter"**

FPA goal: Parent will spend ½ hour per day reinforcing IEP speech plan for six months.

Action 1: Work on imitating sounds 4 times a week for six months

Action 2: Watch a sign language video brought by Home Visitor within one month.

Action 3: Learn 3 signs per month (ASL) and try with my child for six months.

**8. Parent says: "I want some "Me" time"**

FPA goal: Parent will spend ½ an hour reading every evening for six months.

Action 1: Develop bedtime routine to get children in bed by 8pm within one month.

Action 2: Follow bedtime routine every evening for six months.

Action 3: Read ½ an hour every evening for six months.

**9. Parent says: "I need a child care provider"**

FPA goal: Parent will interview and hire a child care provider within four months.

Action 1: Read booklet "Finding a quality child care provider" within one month.

Action 2: Get list of Child Care Providers.

Action 4: Choose a provider within four months.

**10. Parent says: "I want a new hair style"**

FPA goal: Parent will get a haircut within four months.

Action 1: Save \$15 each month for four months.

Action 2: Look through magazines to choose a hairstyle.

Action 3: Ask a friend about a shop and hair style.

**PROGRAM AREA:** Education and Child Development

Department

**PERFORMANCE STANDARD:** 1304.21(a)(2)(ii) & 1304.21(a)(2)(iii)

### Home-Based Child Goals

<b>PURPOSE</b>	To establish developmentally appropriate goals for the child based on the information gathered through developmental and mental health screenings, developmental checklists, and observations.
<b>WHO/WHEN COMPLETED:</b>	Home Visitor will establish goals in partnership with the parent/guardian. Update goals as needed (upon completion of goal and/or upon completion of DRDP).
<b>HOW TO FILL IT OUT:</b>	<ul style="list-style-type: none"><li>• Each child must have two goals. One goal must be related to social-emotional development. See sample goal.</li><li>• Child goals must be inclusive of IFSP/IEP goals when applicable. Highlight these goals in orange.</li><li>• Write child goal based on the next developmental level after the child's current rating on the DRDP assessment</li><li>• Note related measure number from DRDP.</li><li>• Staff – list activities Home Visitor will provide based on current curriculum.</li><li>• Families – list activities families can provide based on current on-going assessment and curriculum.</li><li>• Fill in Date Completed as the child masters skills in the established goal.</li></ul>
<b>CHILD PLUS DATA ENTRY:</b>	N/A
<b>WHERE TO FILE:</b>	Keep in travel file. Upon completion the confidential document is to be kept in the child's file.
<b>IMPORTANT NOTES:</b>	<ul style="list-style-type: none"><li>• Staff activities will be documented on the Home Visit Record.</li><li>• Family activities follow up will be documented on FPA/SR Goal Assessment and Follow Up form.</li><li>• Child progress will be documented on DRDP Observation Record and DRDP rating record.</li></ul>





Shasta Head Start Child Development, Inc  
**Home-Based Child Goals**



Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Site/Staff: \_\_\_\_\_

<b>GOAL #1</b>	<p style="text-align: center;">Your child's strengths include...</p> <p>Anthony enjoys exploring his environment. He is active and has learned to participate in routines.</p>	<p style="text-align: center;">Areas your child is currently working on include...</p> <p>Self regulation – managing own behavior Communication of needs, feelings, and interests Concepts – matching, size, color</p>				
	<p><u>Child Goals - What do you want?</u> <span style="float: right;"><i>(Highlight IFSP/IEP goals in orange)</i></span></p> <p>Anthony will begin to use toys and other objects with a purpose. <i>(Wording based on 18 month Ounce Developmental Profile V.3)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><u>Area of Development</u></td> </tr> <tr> <td style="padding: 2px;">V.3</td> </tr> <tr> <td style="padding: 2px;"><u>Date Completed</u></td> </tr> <tr> <td style="padding: 2px;"> </td> </tr> </table>	<u>Area of Development</u>	V.3	<u>Date Completed</u>	
	<u>Area of Development</u>					
	V.3					
<u>Date Completed</u>						
<p><u>Staff- Activities/Opportunities we will provide:</u></p> <p>PAT Curriculum Activities - Chips in a Can, Tennis Ball Puzzle: Dumping, Matching, and Thinking Additional materials – Cause and Effect Toys, Shape Sorter</p>						
<p><u>Families- Activities/Opportunities you will provide:</u></p> <p>Ounce Family Album 12-18 months – Try this and see what happens! activities (pg 28) PAT – 14-24 month Your Child's Intellectual Development</p>						
<b>GOAL #2</b>	<p><u>Child Goals - What do you want?</u> <span style="float: right;"><i>(Highlight IFSP/IEP goals in orange)</i></span></p> <p>Anthony will begin to try to manage own behavior.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><u>Area of Development</u></td> </tr> <tr> <td style="padding: 2px;">II.2</td> </tr> <tr> <td style="padding: 2px;"><u>Date Completed</u></td> </tr> <tr> <td style="padding: 2px;"> </td> </tr> </table>	<u>Area of Development</u>	II.2	<u>Date Completed</u>	
	<u>Area of Development</u>					
	II.2					
	<u>Date Completed</u>					
<p><u>Staff- Activities/Opportunities we will provide:</u></p> <p>PAT Curriculum Activities – Playing Catch: Tossing and Taking Turns Turn-Taking Tub: Giving and Playing</p>						
<p><u>Families- Activities/Opportunities you will provide:</u></p> <p>Ounce Family Album 12 -18 months – Try this and see what happens! activities (pg 10) PAT – 14-24 Months: Your Child's Social-Emotional Development</p>						

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
Home Visitor Signature	Date		



# 211norcal.org/Shasta

One reason we do the Family Opportunity and Interest Assessment is to assist the family in identifying and assessing their unique strengths, interests, opportunities, and goals. When an opportunity is identified, or when the family expresses an interest, provide the family with an external referral or direct service. You can give them the 211norcal.org/Shasta website as a place where they can go and find the resources that they might need quickly.

See family services for business cards or more information.



## Learn How to Prevent & Treat Diabetes

Diabetes affects how your body turns food into energy. Learn more.

**2-1-1 Shasta connects people with community services in Shasta County. How to use 2-1-1:**

- ☐ Text your **zip code** to **898211**
- ☎ Call **2-1-1** to connect with a call specialist for personalized service any time, day or night. (Callers from out of county or TTY users may dial [855-211-7822](tel:855-211-7822).)
- ☑ Choose a **Category** below to browse resources



# Shasta Head Start Child Development, Inc. Family Services



## Initial Visit / Visita Inicial

Child's Name/*Nombre de Niño* \_\_\_\_\_ Parent's Name/*Nombre de Padre* \_\_\_\_\_

Date/*Fecha* \_\_\_\_\_ Length of Visit/*Duración de la Visita*: \_\_\_\_\_

Visit Location/*Lugar de Visita*: Home/Hogar: \_\_\_\_\_ Center/Centro \_\_\_\_\_ Alternate Location/Otro Lugar \_\_\_\_\_

Staff Making Contact/*Personal Haciendo Contacto*: \_\_\_\_\_ Rescheduled/Reprogramado: Y or N / S o N

Reason for No Contact /*Razón para no tener contacto*: \_\_\_\_\_

### Family Partnership Agreement Process / Proceso del Acuerdo de Asociación

Check off each item as completed/*Marcar cada punto mientras lo completa*

<input checked="" type="checkbox"/>	Item/ <i>Asunto</i>
	Create Family Partnership Agreement with family/ <i>Crear el Acuerdo de Asociación con la Familia</i>
	SHS Family Opportunity & Interest Assessment 1 <sup>st</sup> screening/ <i>Primera Evaluación de Oportunidades e Intereses Familiares de SHS</i>
	Introduce Make Parenting A Pleasure (MPAP) / <i>Introducir Ser Padre es un Placer(MPAP)</i>
	Introduce Learning Genie – Parent Engagement App/ <i>Introducir Learning Genie-Aplicación de participación de padres</i>
	Introduce Teaching Pyramid, Schedule & Routines / <i>Introducir Pirámide Docente, Horario &amp; Rutinas</i>
	Parent Meeting/ <i>Reunión de Padres</i>
	Health Requirement reminders / <i>Recordatorio de los Requisitos de la Salud</i>
	Hearing and Vision screening requirements and results/ <i>Requisito del chequeo del Oído y Vista y resultados</i>
	Review Attendance Policy / <i>Revisar la Política de la Asistencia</i>
	If Attendance is below 90%: Provide handout – “Help Your Child Succeed in Preschool” / <i>Asistencia por debajo del 90%: Proporcionar el folleto "Ayude a su Hijo a Tener Éxito en el Preescolar”</i>
	In-Kind / Parent Child Activity Record / Item Donation / Classroom Volunteer / Donaciones / Registro de Actividades de Padres e Hijos / Artículos para Donación / Voluntario en el Aula
	Raising-A-Reader / <i>Criando a un Lector</i>
	Needs/ Referrals/Follow up Information / <i>Necesidades/Referencias/Información de Seguimiento:</i>
	Site specific information / <i>Información Específica del Centro:</i>
	Individual Family Information / <i>Información Individual de la Familia:</i>
Additional Notes / <i>Notas Adicionales:</i>	

Parent/Guardian Signature/*Firma del Padre* \_\_\_\_\_ Date /*Fecha* \_\_\_\_\_ Interpreted by (if needed) *Interpretado por* \_\_\_\_\_ Date /*Fecha* \_\_\_\_\_

Family Worker Signature/*Firma de Trabajadora Familiar* \_\_\_\_\_ Date/*Fecha* \_\_\_\_\_ Child Development Staff Signature / *Firma de la Maestra* \_\_\_\_\_ Date/*Fecha* \_\_\_\_\_

CD STAFF ATTENDED REVIEWED (circle one)

ASISTIÓ REVISADO (Circule uno)














# Entering and Updating SHS Family Needs Assessment (PIR Data)

1. SELECT CHILD from My Participants
2. Select Family Services Tab and Family Services Information
3. Under Family Case Worker, enter your name
4. Enter all Fields under Participant Services
  - a. Completed = Yes
  - b. Date = Date SHS Family Needs Assessment was completed
  - c. Valid Until = 1 year from completion date
  - d. Needs Services = Yes
  - e. Received Agency Social Services = this means did they receive services from SHS. This will always be Yes
  - f. Additional Community Services Needed = Yes or No. Depends on if family needs additional community services.
  - g. Referred to Another Agency = Yes or No. Depends on if family needs a referral to an outside agency.
  - h. In Family Goal setting process and Family Partnership Agreement = Yes
  - i. Effective Dates = Date SHS Family Needs assessment is completed. It is effective for 1 year.


**Blaine Key's Family**







Male DOB: 2/14/11 4y 7m CPID: 46330

[Application](#)
[Enrollment](#)
[Family Services](#)
[Health](#)
[Immunizations](#)
[Disability](#)
[Mental Health](#)
[Birth](#)
[Transportation](#)
[Fees](#)
[Attendance](#)
[PIR](#)

[Events](#)
[Family Outcomes](#)
[Family Services Information](#)

## Family Services Information

Family Case Worker: HACKER, DIANA  
 Other Case Worker:   
 Other Case Number:   
 Staff Time Spent: 79 hours, 30 minutes

IFPA Agency Name:   
 Primary IFPA Agency Type:

Case Worker Notes

## Participant Services - Blaine Key Training HS101: 15/16 (Enrolled)

Current Year	Training HS101: 15/16	Enrolled 8/21/15	Training SHS101 • Training HS101 • Training HS101-A
Last Year	Training HS101: 14/15	Enrolled 9/8/14	Training SHS101 • Training HS101 • Training HS101-A
Prior Year	Training HS101: 13/14	Enrolled 9/10/13	Training SHS101 • Training HS101 • Training HS101-A

### Needs Assessment

Completed: Yes  
 Date: 9/28/15  
 Valid Until: 9/28/16

### Needs Assessment Results

Needs Services: Yes  
 Received Agency Social Services: Yes  
 Additional Community Services Needed: Yes  
 Referred to Another Agency: Yes

### Family Partnership Agreement

In family goal setting process: Yes  
 Family Partnership Agreement: Yes  
 Effective Dates: 9/28/15 to 9/28/16

## Entering and Updating SHS Family Needs Assessment (PIR Data) con't

5. Scroll down to PIR
6. See CP PIR Entry Tool to locate sources of information
7. Enter Needs Identified from SHS strengths, Interests and Needs Assessment. Must be entered in ChildPlus within 90 days of Entry and updated in Jan, March, May and July.
8. **Parenting Education** and **Health Education** should always be checked as Yes under Need Identified and Yes under Services Received
9. If you check Yes under Need Identified Family Service staff will make a referral and follow up on that referral.

### ▼ PIR - Bunny Test Training HS101: 17/18 (Enrolled)

No ▾	Homeless Family PIR
No ▾	Acquired housing during the program year PIR
No ▾	Referred for services by a child welfare agency PIR
No ▾	Foster care during program year PIR
No ▾	Program receives a child care subsidy for this child PIR

At PIR Enrollment	At End of Enrollment	
Yes ▾	Yes ▾	TANF PIR
Yes ▾	Yes ▾	SSI PIR
Yes ▾	Yes ▾	WIC PIR      WIC ID <input type="text"/> Note: WIC information can also be edited in Health
No ▾	No ▾	Receiving Supplemental Nutrition Assistance Program (SNAP) PIR
No ▾		At least one parent/guardian is an active duty member of the United States military PIR
No ▾		At least one parent/guardian is a veteran of the United States military

At least one parent/guardian completed the following during this program year:

At End of Enrollment	
No ▾	Grade level in school, prior to high school graduation (e.g. 8th grade, 11th grade) PIR
No ▾	High school or was awarded GED PIR
No ▾	Associate degree PIR
No ▾	Baccalaureate or advanced degree PIR
No ▾	Job training program, professional certificate or license PIR

At End of Enrollment

No ▾	Family Assessment PIR
No ▾	Family goal setting PIR
No ▾	Involvement in child's Head Start development experiences (e.g. home visits, parent-teacher conferences, etc.) PIR
No ▾	Head Start program governance, such as participation in Policy Council or policy committees PIR
No ▾	Parenting education workshops PIR

Need PIR Services PIR  
Identified Received

No ▾	No ▾	Emergency PIR
No ▾	No ▾	Crisis Assistance PIR
No ▾	No ▾	Food PIR
No ▾	No ▾	Clothing PIR
No ▾	No ▾	Transportation
No ▾	No ▾	Housing Assistance PIR
No ▾	No ▾	Mental Health Services PIR
No ▾	No ▾	Literacy or Education
No ▾	No ▾	English as a Second Language PIR
No ▾	No ▾	Adult Education PIR

Need PIR Services PIR  
Identified Received

No ▾	No ▾	Job Training PIR
No ▾	No ▾	Substance Abuse Prevention PIR
No ▾	No ▾	Substance Abuse Treatment PIR
No ▾	No ▾	Child Abuse and Neglect Services PIR
No ▾	No ▾	Domestic Violence Services PIR
No ▾	No ▾	Child Support Assistance PIR
No ▾	No ▾	Health Education (including Prenatal) PIR
No ▾	No ▾	Assistance to Families of Incarcerated PIR
No ▾	No ▾	Parenting Education PIR
No ▾	No ▾	Marriage Education PIR
No ▾	No ▾	Asset Building Services

Revised 2/12/18



# SHASTA HEAD START CHILD DEVELOPMENT, INC.

## SHS FAMILY NEEDS ASSESSMENT CP PIR Entry Tool

### PIR Input

#### Needs Assessment

Completed

Date

Valid Until

#### Needs Assessment Results

Needs Services

Received Agency Social Services

Additional Community Services Needed

Referred to Another Agency

#### Family Partnership Agreement

In family goal setting process

Family Partnership Agreement

Effective Dates  to

ABC

Homeless Family PIR

Acquired housing during the program year PIR

Referred for services by a child welfare agency PIR

Foster care during program year PIR

Program receives a child care subsidy for this child PIR

At PIR Enrollment	At End of Enrollment	
<input type="text" value="No"/>	<input type="text" value="No"/>	TANF PIR
<input type="text" value="No"/>	<input type="text" value="No"/>	SSI PIR
<input type="text" value="No"/>	<input type="text" value="Yes"/>	WIC PIR <input type="text" value="WIC ID"/> Note: WIC information can also be edited in Health
<input type="text" value="No"/>	<input type="text" value="Yes"/>	Receiving Supplemental Nutrition Assistance Program (SNAP) PIR
<input type="text" value="No"/>		At least one parent/guardian is an active duty member of the United States military PIR
<input type="text" value="No"/>		At least one parent/guardian is a veteran of the United States military

At least one parent/guardian completed the following during this program year:

At End of Enrollment	
<input type="text" value="No"/>	Grade level in school, prior to high school graduation (e.g. 8th grade, 11th grade) PIR
<input type="text" value="No"/>	High school or was awarded GED PIR
<input type="text" value="No"/>	Associate degree PIR
<input type="text" value="No"/>	Baccalaureate or advanced degree PIR
<input type="text" value="No"/>	Job training program, professional certificate or license PIR

Homeless Family – Family Demographics (Additional Family Information)

Acquired housing during program year – this should come from family goals

Referred for services by a child welfare agency – Family Demographics (Additional Family Information – Active CFS case)

Foster care during program year – Family Demographics (Additional Family Information – minor child removed from home)

Program received a child care subsidy for this child – if child is enrolled in a State Class

TANF – See Enrollment module – Eligibility – Income Status

# SHASTA HEAD START CHILD DEVELOPMENT, INC.

SSI - See Enrollment module – Eligibility – Income Status

WIC – HDNA

Receiving Supplemental Nutrition Assistance Program (SNAP) (CalFresh) - HDNA

At least one parent/guardian is an active duty member of the United States Military-Family Demographics.

At least one parent/guardian is a veteran of the United States military – Family Demographics

## Needs Identified / Services Received

Need Identified	Services Received	PIR
No	No	Emergency
No	No	Crisis Assistance
No	No	Food
No	No	Clothing
No	No	Transportation
No	No	Housing Assistance
No	No	Mental Health Services
Yes	Yes	Literacy or Education
No	No	English as a Second Language
No	No	Adult Education
No	No	Job Training
No	No	Substance Abuse Prevention
No	No	Substance Abuse Treatment
Yes	Yes	Child Abuse and Neglect Services
No	No	Domestic Violence Services
No	No	Child Support Assistance
Yes	Yes	Health Education (including Prenatal)
No	No	Assistance to Families of Incarcerated
Yes	Yes	Parenting Education
No	No	Marriage Education
		Asset Building Services

Emergency – Family Well Being (Safety)

Crisis Assistance – Family Well Being (Safety)

Food – have you referred to another agency? (Holiday food baskets, commodity, food pantry)

Clothing – Family Well Being (Financial Security)

Transportation -

Housing – Family Well Being (Housing)

Mental Health Services – Family Well Being (Mental Health/Substance Abuse)

Literacy or Education – Family Well Being (Financial Security, Raising A Reader, Library Resources, etc.)

English as a Second Language – Families as Life Long Educators (Promoting Primary Language)

Adult Education – Families as Learners – (Education, Training and Life Goals)

Job Training - Families as Learners – (Education, Training and Life Goals)

Substance Abuse Prevention – Family Well Being (Mental Health/Substance Abuse)

Substance Abuse Treatment - Family Well Being (Mental Health/Substance Abuse)

Child Abuse and Neglect Services – This will always be a yes because we hand out 20 Facts about Child Abuse at enrollment

Domestic Violence Services – Family Well Being (Safety)

Child Support Assistance - Family Well Being (Financial Security)

Health Education (Including prenatal) – Family Well Being (Health)

Assistance to Families of Incarcerated – Family Well Being (Mental Health/Substance Abuse)



## SHASTA HEAD START CHILD DEVELOPMENT, INC.

Parenting Education – Positive Parent Child Relationships (Nurturing Relationships or Child Development/Parenting Skills)

Marriage Education – Positive Parent Child Relationships (Nurturing Relationships)



## Entering FPA/SR Goals in ChildPlus

Family Goals are created through the Family Partnership Agreement and School Readiness Process within 90 days of Entry and entered in ChildPlus within 90 days of Entry. Remember, goals must be measurable and completeable within the program year or by June 1

1. SELECT CHILD from My Participants
2. Select Family Services Tab
3. Select **Add Event**
4. Initial Date = date goal is created
5. Event type = Family Goal
6. Description = short description of goal
7. Service Area = Social Services
8. Issue = Assign 1 of the 7 PFCE outcomes (See PFCE Framework)
9. Source of Info = Family Partnership
10. Family Outcome = Assign 1 of the 7 PFCE Outcomes (See PFCE Framework)
11. Agency Worker – FS Staff
12. Family Members = Family members working on this goal
13. Closure expected = Date goal is expected to be complete
14. Progress =  $\frac{1}{2}$  ,  $\frac{1}{4}$  ,  $\frac{3}{4}$ , Completed, NA or Started (Most will begin with started)
15. Click Save and Close and add another event if you have another goal to add

**Blaine Key's Family** Male DOB: 2/14/11 4y 7m CPID: 46330

Application Enrollment **Family Services** Health Immunizations Disability Mental Health Birth Transportation Fees Attendance PIR

Events Family Outcomes Family Services Information

**Family Services Events** Add Event

Date	Event	Description	Progress	Time	Staff
9/28/2015	Family Goal	Check into GED programs	Started	0h 0m	HACKER, DIANA
8/28/2015	Family Goal	CHDP for Blaine by 9/28/15		0h 0m	HACKER, DIANA
7/28/2014	Family Goal	Save \$50 a month for 6 months	Started	0h 0m	HACKER, DIANA
9/10/2013	Home Visits	test 2		72h 0m	SOMERS, SARA
	Family Goal			0h 0m	HACKER, DIANA
	Home Visits	test 1		7h 30m	HACKER, DIANA

### Add Event

Initial Date	<input type="text" value="9/6/18"/>	Associated With	<input type="text" value="Entire Family"/>
Event Type	<input type="text" value="Family Goal"/>	Case Worker	<input type="text" value="Burrier, Sheri"/>
Description	<input type="text" value="read to child every night 20 mins"/>	Family Members	<input type="text" value="mom"/>
Service Area	<input type="text" value="Social Services"/>	Closure Expected	<input type="text" value="6/30/19"/>
Issue	<input type="text" value="PFCE4: Families as Learners"/>	Progress	<input type="text" value="Started"/>
Source of Information	<input type="text" value="Family Partnership"/>	Date Closed	<input type="text"/>
Family Outcome	<input type="text" value="Families as Learners"/>	Result	<input type="text"/>

Revised 2/14/17



# Updating FPA/SR Goals in ChildPlus

Family Goals should be written within 90 days of Entry and entered in ChildPlus within 3 days of Completion. Family Goals should be updated as goal progress is made and goals must be closed by June 30 of each program year.

1. Progress = Enter Progress completion (1/2 completed, 1/4 completed, 3/4 completed, completed, not applicable, started)
2. Date Closed = If Goal is closed/completed enter the date of completion
3. Outcome Rating = Enter Outcome Rating (Met Fully, Met Partially, Not Met – Agency Problem, Not Met – Parent Problem)
4. Save Changes
5. If goals are not updated by the end of a program year, Family Goal outcomes will not be accurate. Family Goal outcomes are reported to the Policy Council and Board of Directors at the end of each program year.

**Blaine Key's Family** Male DOB: 2/14/11 4y 7m CPID: 46330 Attachments (0) Save

Application Enrollment Family Services Health Immunizations Disability Mental Health Birth Transportation Fees Attendance PIR


Events Family Outcomes Family Services Information

**Family Services Events** Add Event

Date	Event	Description	Progress	Time	Staff
9/28/2015	Family Goal	Check into GED programs	Started	0h 0m	HACKER, DIANA
8/28/2015	Family Goal	CHDP for Blaine by 9/28/15		0h 0m	HACKER, DIANA
7/28/2014	Family Goal	Save \$50 a month for 6 months	Started	0h 0m	HACKER, DIANA
9/10/2013	Home Visits	test 2		72h 0m	SOMERS, SARA
	Family Goal			0h 0m	HACKER, DIANA
	Home Visits	test 1		7h 30m	HACKER, DIANA

## Add Event

Initial Date	9/6/18	Associated With	Entire Family
Event Type	Family Goal	Case Worker	Burrier, Sheri
Description	read to child every night 20 mins	Family Members	mom
Service Area	Social Services	Closure Expected	6/30/19
Issue	PFCE4: Families as Learners	Progress	Started
Source of Information	Family Partnership	Date Closed	
Family Outcome	Families as Learners	Result	





## ENTERING FAMILY OPPORTUNITY & INTEREST ASSESSMENT

To enter the Family Opportunity & Interest Assessment:

1. Select Child from My Participants.
2. Select Family Service Tab.
3. Select **ADD EVENT**.

**Bunny Test's Family** ▾  
 Male DOB: 5/01/15 3y 6m CPID: 37153  
 Enrolled 9/25/18 (64d) Year 2 (+6)  
 Training HS101: 18/19 • Training SHS101 • Training HS101 • Training HS101-A

Application Enrollment **Family Services** Health Immunizations Disability Mental Health Birth Transportation Fees Attendance PIR

Events Family Outcomes Family Services Information Attachments (0)

Family Services Events Options **Add Event**

Date	Event	Description	Associated With	Progress	Time	Case Worker	Actions
5/04/18	Family Goal	eat more natual healthy foods	Family	3/4 Completed	0 h 0 m	Burrier, Sheri	0
8/01/13	Communication Log		Bunny		0 h 0 m		4
	Family Goal	get ged	Family	Started	0 h 0 m	HACKER, DIANA	0

4. Select Family Opportunity & Interest Assessment.

**Bunny Test's Family** ▾  
 Male DOB: 5/01/15 3y 6m CPID: 37153  
 Enrolled 9/25/18 (64d) Year 2 (+6)  
 Training HS101: 18/19 • Training SHS101 • Training HS101 • Training HS101-A

Application Enrollment Family Services **Health** Immunizations Disability Mental Health Birth Transportation Fees Attendance PIR

Events Family Outcomes Family Services Information Attachments (0)

Family Services Events Options **Add Event**

Date	Event	Description	Associated With	Progress
5/04/18	Family Goal	eat more natual healthy foods	Family	3/4 Comp
8/01/13	Communication Log		Bunny	
	Family Goal	get ged	Family	Started

**Add Family Service Event** ✕

- (CFS) Child/Family Services
- Attendance
- Child Goals
- Chronic Problem
- Collaboration-interagency
- Disabilities
- Emergency/Crisis
- ERSEA Follow-up
- Family Changes
- Family Goal
- Family Opportunity and Interest Assessment**
- FCC - Conference
- FCC DEVELOPMENT

5. Initial Date =Date of the Assessment.
6. Select the name of the FW/HV from the drop down list.
7. Select the Agency, Site & Classroom.
8. Rating Period=select either first or second from the drop down list.
9. Screening Date=the date the assessment is completed.
10. Check if the father figure participated in the assessment.

## ENTERING FAMILY OPPORTUNITY & INTEREST ASSESSMENT

Initial Date	<input type="text" value="11/28/18"/>	Case Worker	<input type="text" value="Burrier, Sheri"/>
<hr/>			
Shasta Head Start Family Strengths Tool			
Agency, Site, Classroom	<input type="text" value="Training SHS101"/>	<input type="text" value="Training HS101"/>	<input type="text" value="Training HS101-A"/>
Rating Period	<input type="text" value="First"/>	Screening Date	<input type="text" value="11/28/18"/>
<input checked="" type="checkbox"/> Father Figure Participated			

11. Under each category, select the appropriate rating. (Strength, Neutral, or Opportunity).
12. Check if family has an interest.
13. Tab to the next category.
14. Continue through the remaining categories. Save the assessment.

<b>Transitions</b>
Rating for Transitions <input type="text" value="Opportunity"/>
<input checked="" type="checkbox"/> Interest: Parent/Guardian(s) would like to receive additional information about their child's transition options and/or completing the application/registration process.
Evidence for Transitions Rating <input type="text"/>
<b>Parenting Education</b>
Rating for Parenting Education <input type="text" value="Neutral"/>
<input checked="" type="checkbox"/> Interest: Parent/Guardian(s) would like tools to manage and respond to their child(ren)'s behavior, resources to help their child learn and grow, or additional information on child development.
Evidence for Parent Education Rating <input type="text"/>