

# FAMILY SERVICES COVER SHEET

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

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

Documents	Date Completed	Comments
<b>Family Opportunity and Interest Assessment (FOIA)</b>	Date _____ (Baseline)  Date _____ (EOY) (By June 30)	*CP Input Required within 3 days of completion
<b>Family Partnership Agreement (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)	*CP Input Required within 3 days of completion  Goals must be updated and closed in ChildPlus by June 30
<b>Initial Visit</b>  <b>Follow Up Visit</b>  <b>Contact Records</b>	_____ (Date)  _____ (Date)	<input type="checkbox"/> Completed  <input type="checkbox"/> Completed
<b>Attendance Notification Documentation</b> (as needed)  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 _____	*No CP Input Required (Include on Family Services Monthly Summary)  Severe Chronic Absence Due to Illness (80% ADA or below) (Parent Education – Healthy Mind & Body)  Date: _____ Date: _____

## ChildPlus Entry (Family Services Module)

### PIR Data-CP Input

(Enter in CP by 90 days, & update in Jan, March, May & July)

\* Under "Family Services Information" tab

90 days \_\_\_\_\_

Jan. \_\_\_\_\_

March \_\_\_\_\_

May/June \_\_\_\_\_

Term Mid Year \_\_\_\_\_

\*CP Input Required within 3 days of completion

Needs should be identified with referral and follow up throughout the program year.

### Father/Father Figure Engagement

\* PIR Data- CP Input Required under Family Services information tab

\_\_\_\_\_ Involvement in CD HV/Conferences

\_\_\_\_\_ Family Assessment

\_\_\_\_\_ Family Goal Setting

\_\_\_\_\_ Classroom Engagement

\_\_\_\_\_ Program Governance

\_\_\_\_\_ Parenting Curriculum

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

\* PIR Data- CP Input Required under Family Services Information tab

\_\_\_\_\_ Grade level in school      \_\_\_\_\_ MPAP (Center, FCC)

\_\_\_\_\_ High School GED

\_\_\_\_\_ AA Degree

\_\_\_\_\_ BA Degree

\_\_\_\_\_ Job training/professional certificate or license.