

Family Partnership Agreement

A Journey Together - Partnering for School Readiness and Life Success

Remember parents are a child's first teacher!

Family Name: _____

Every family has strengths and good things that are happening. What are the strengths of your family?

Our Family Goal is: _____

Steps needed to reach your goal:

1. _____
2. _____
3. _____
4. _____

Support Needed? What resources/support do you need to complete each step?

How would you rate yourself on this goal?

Just Starting 1 2 3 4 5 Completed

Target Date: _____

Family signature: _____ Date: _____

Staff signature: _____ Date: _____

FOR STAFF USE ONLY

Goal Category: *(Check all that apply)*

- Family Well-Being
- Parent-Child Relationship
- Families as Lifelong Educators
- Families as Learners
- Family Engagement in Transitions
- Family Connection to Peers & Community
- Families as Advocates & Learners

Is this a pre-existing goal or a goal set with another agency?

- Yes
- No

Specify agency: _____

*Obtain a release from the other agency

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Follow up date: _____ No Progress Progress Goal Achieved

What progress has the family made towards this goal?

What assistance have we provided to assist the family:

Family signature: _____ Date: _____

Staff signature: _____ Date: _____

FOLLOW UP: _____ No Progress Progress Goal Achieved

What progress has the family made towards this goal?

What assistance have we provided to assist the family:

Family signature: _____ Date: _____

Staff signature: _____ Date: _____