

FAMILY PARTNERSHIP AGREEMENT

Child's Name _____

Date of Birth _____

Parent/Guardian _____

Phone _____

Address _____

Location _____

FAMILY STRENGTHS

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

FAMILY NEEDS

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

NOTES:

FAMILY GOALS: ☐ I am not interested in setting any goals at this time, but I may contact you at a later time.

Short Term: _____

Time Table: _____

Strategies: _____

Long Term: _____

Time Table: _____

Strategies: _____

We have discussed pre-existing family plans from: ☐ EHS ☐ ECI ☐ Other: _____

☐ There was no pre-existing plan from another agency.

☐ We have discussed transition options and it will be further discussed in the Spring semester.

Texas Health Steps Exam status:

☐ Current for 90 days ☐ Needs Head Start assistance ☐ Appointment scheduled: _____

Dental Exam status:

☐ Current for 90 days ☐ Needs Head Start assistance ☐ Appointment scheduled: _____

Parent/Guardian Signature

Date

Agency Representative

Date

Follow up: _____