

GOAL SETTING WITH FAMILIES

_____ CENTER _____

Child's Name _____ Parent's Name _____

The purpose of this Family Partnership Plan is to assist families in identifying and reaching their personal goal during this school year. Please list your personal goal below:

Goal 1 _____

_____ **Date to be accomplished** _____

What steps do I need to take to accomplish my goal:

1. _____

2. _____

3. _____

What strengths do I have that will help me accomplish my goal:

_____ **Parent signature** _____

_____ **Staff initials** _____