LEECH LAKE HEAD START/EARLY HEAD START
FAMILY PARTNERSHIP AGREEMENT 2019/2020

Child(ren) Name:_____ Parent Name(s):_____ Signature:_____ Date:_____	Staff Name:_____ Date of Home Visit:_____ Signature:_____
Parent Partner Roles and Responsibilities	**Early Childhood Program Partner will:**
*Parents/Caregivers support their child/ren's learning and development by assuring their child is at school. * Parents/Caregivers support their child/ren's learning by notifying the school when their child is absent. *Parents/Caregivers support their child/ren's learning and development by attending conferences, parent meetings, policy council meetings and parent engagement events. *Become knowledgeable of the Parent Handbook and Resource Directory. *Identify interests, needs and goals that empowers my family and adjust as needed. ***Parents/Caregivers can participate in the program by:*** ☐ Helping to plan/preparing for parent/child events. ☐ Participating in parent/child events. ☐ Becoming a member of the Policy Council ☐ Visiting child's classroom. ☐ Other_____	*Program Staff provides opportunities that will support family well-being while supporting their child's learning and development. *Program Staff follow the attendance procedures for our program. *Program Staff provides notification to parent/caregivers of conferences, parent meetings and events. *Provide parent engagement opportunities that supports learning and development. *Provide a Parent Handbook and Resource Directory to families. *Provide support that will enable your family to achieve identified goals.

White Copy: File Yellow Copy: Family

Assessment Survey

FIRST HOME VISIT QUESTIONS	YES	NO
Are you and your family homeless?		
Was your family referred to Early Childhood by any Child Welfare Agency?		
Is your child in foster care?		
Does your family use TANF?		
Do you receive SSI?		
Does your family receive WIC?		
Does your family receive SNAP benefits?		
Are either parent/guardian active in the military?		
Are either parent/guardian a Veteran?		

As a part of our Family Partnership Agreement, we want our families to empower themselves by setting goals for their family.

1. What are your family strengths?

_____

_____

2. What skills or strengths do you have that can support your child's development?

_____

_____

3. What are some ways that we can provide support to you and our family to achieve your goal/s? (Can be answered by both staff and parent/caregiver)

_____

_____

4. Are there any obstacles or challenges that keep you from achieving your goal/s?

_____

_____

5. What kind of strategies or steps can you take to help you reach your goal/s?

_____

_____

6. Is there extra support we can define that will help support your success?

_____

_____

7. Progress and Outcome:

_____

Child/ren Name:_____

Parents/Guardian Name:_____

Staff:_____

Date:_____

As part of our Partnership, we offer resources available in our area that may be helpful for you and your family. We also offer a resource directory for you to become familiar with and utilize. Please check any resources needed or currently using below.

RESOURCE	*NEED Yes/no*	*CURRENTLY USE*	*RESOURCE*	*NEED Yes/no*	*CURRENTLY USE*	*RESOURCE*	*NEED Yes/No*	*CURRENTLY USE*
Emergency			Literacy or Education			Child support assistance		
Crisis Assistance			English as a second language			Health, Education including Prenatal		
Food			Adult Education			Assistance to Families of Incarcerated		
Clothing			Job Training			Parent Education		
Transportation			Substance Abuse Prevention			Marriage Education		
Housing assistance			Child Abuse and Neglect Services			Asset Building Services		
Mental health			Domestic violence Services					

Follow up:

_____

_____

_____

_____

_____

_____

_____

Early Childhood Family Portfolio

Child/ren's Name: _____

_____

Parent/Caregiver: _____

Date completed: _____

Staff name: _____

What types of support systems does your family have? For example friends, family, work, or relationships.

_____
_____
_____
_____
_____
_____
_____

Does your family have a clan? If so, what is your clan? This can help children learn the teachings of their clan.

_____

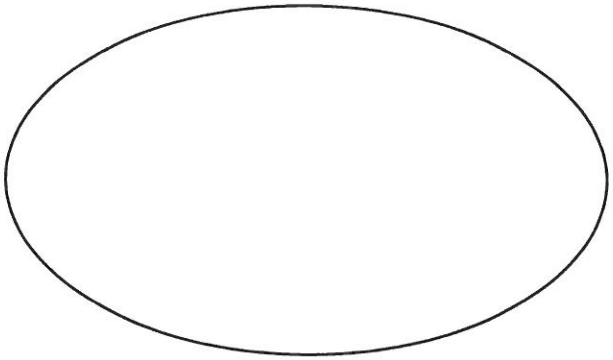
What type of community resources does your family use? These can Include health clinics, schools, tribal transportation, cultural resources, etc.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

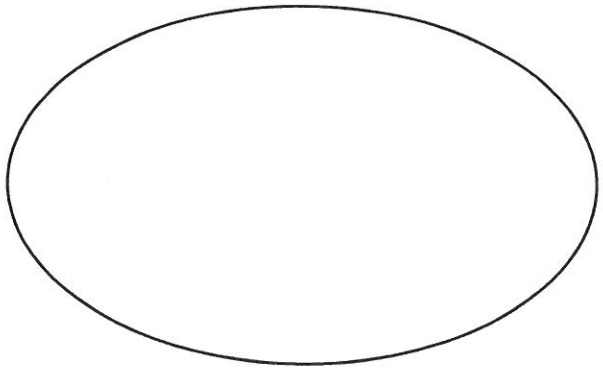
Our Family Goal plan

As part of a partnership between families, we would like you to choose and develop your own goal. After choosing your family goal, we would like you to design a timeline and strategy that will help you achieve your goal.

Family Goal



Achieved Goal Outcome



Who is responsible	First step	Resources Needed	Expected Completion	Completed Date

Family strengths: _____ Obstacles/ barriers to achieve goal: _____

Family Signature:_____Date:_____ Staff Signature:_____ Date:_____