



**FAMILY PARTNERSHIP AGREEMENT
GOAL SHEET**

Check one: <input type="checkbox"/> HS/State Full Day <input type="checkbox"/> HS/State Wrap <input type="checkbox"/> HS Part Day AM PM

Child: _____ Parent: _____ Site: _____ Room: _____

Do you have interest in education for yourself? No interest

	In progress (school or program)	Interest (school, program or subject)
High school/GED		
Associate degree		
Baccalaureate degree		
Advanced degree		
Job training		
Professional certificate/license		
Other:		

Do you want to participate in goal setting? Yes No

Family Partnership Goal

Goal should be related to the family engagement outcomes as described in the *Head Start Parent, Family, and Community Engagement Framework*, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders.

Goal	Strategies
	Parent strategies toward goal: Staff strategies to support parent:

By typing my full name below, I confirm that the above information is true and correct: _____

Date: _____ Male Female

Teacher's Name: _____ Date: _____

For Clerk: Date entered into Child Plus: _____ Clerk Initials: _____
