Guam Head Start Program

**FAMILY PARTNERSHIP AGREEMENT**

**Registration #:** **Child’s Name:**

**Name of Parent(s)/Guardian(s): Center:**

Head Start works to ensure that children are ready for school and families are ready to support their children's learning.

**Where would you want your child and/or your family be in five years from now?**

Over the next five years…

What do you really want to do? What do you really want to be?

Where do you really want to go? What do you really want to have?

**What are your hopes and dreams for your CHILD? What are your hopes and dreams for your FAMILY?**

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| --- | --- |
| If you don’t have a dream,  how can you have a dream come true?  *“Your imagination is the preview to life’s coming attractions.*”  – Albert Einstein  ★ When you write your dream down, it becomes a goal. ★ | **“SMART” Goals**   * **S**pecific: Not too broad or general * **M**easurable: How you know you made it * **A**chievable: Not too ambitious * **R**ealistic: Consistent with your situation * **T**imed: Set a date to be done |

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| **Family Outcomes** | | | |
| * Family Well-Being * Parent-Child Relationships | * Families as Lifelong Educators * Families as Learners | * Family Engagement in Transitions * Family Connection to Peers & Community | * Families as Advocates & Leaders |

**OUR FAMILY GOAL FOR OUR *CHILD* IS:**

This goal will produce the following change(s) for our CHILD:

How would you rate yourself on this goal as of today? Just Starting 1 2 3 4 5 Completed

Steps Needed *(What do you need to do to reach your goal?):*

Support Needed *(What resources or support do you need to complete each step?)*:

**OUR *FAMLY* GOAL IS:**

This goal will produce the following change(s) for our family:

How would you rate yourself on this goal as of today? Just Starting 1 2 3 4 5 Completed

Steps Needed *(What do you need to do to reach your goal?):*

Support Needed *(What resources or support do you need to complete each step?)*:

**Signature of Parent/Guardian: Date:**

**Signature of Family Services Staff: Date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***FOR STAFF USE ONLY:*** Service Area – Family need(s) related to this goal | | | | | |
| * Adult Education * Asset Building Services * Assistance to Families of Incarcerated | * Child Support Assistance * Clothing * Crisis Assistance * Domestic Violence Services | * Emergency * Employment * English as a Second Language | * Financial Security * Food * Health Education * Housing Assistance | * Job Training * Literacy or Education * Mental Health Services * Parent Involvement * Parenting Education | * Relationships/Marriage Education * Social Services * Substance Abuse – Prevention * Substance Abuse – Treatment * Transportation |
| **FOLLOW-UP:** What progress has been made towards this goal? Were there any obstacles or concerns? What helped the family reach their goals? | | | | | |