

Child's name: _____ **Parent/Guardian name:** _____

Did father/father figure take part in family goal setting*? Yes No

Is there a Family Partnership Agreement in Place? Yes No

Is Needs & Strengths Assessment complete? Yes No

Do you have other children enrolled in Head Start or Early Head Start? Yes No

If yes, complete the following information for each child.

Child's Name: _____ EHS Head Start

Child's Name: _____ EHS Head Start

Goal Status: Family not ready Reason and Date: _____

Pre-existing goal List agency name: _____

New Goal

Goal Description: _____

Family Engagement Outcome Category

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

Needs Identified from Family Outcomes Assessment

Needs Identified	Received Services?	Needs Identified	Received Services?
<input type="checkbox"/> Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child Abuse and Neglect Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crisis Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Domestic Violence Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child Support Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education on preventative medical and oral health	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Assistance to Families of Incarcerated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Research-based parenting curriculum	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education on relationship/marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Literacy or Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asset Building Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Discussed screening/assessment results and progress	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supporting transitions between programs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Job Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education on health/developmental issues of tobacco products	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Substance Misuse Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education on nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Substance Misuse Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education on postpartum care	<input type="checkbox"/> Yes <input type="checkbox"/> No



Action steps to be taken by family member or staff

Target date

- | | | |
|---|--|--|
| • | | |
| • | | |
| • | | |
| • | | |

Expected date of completion: _____

Parent/guardian signature: _____

Date: _____

Staff signature: _____

Title: _____

Date: _____

Note Section

Staff Only Section

***If father/father figure took part in goal setting process, please complete the PIR information under Family Services Information PIR section.**

If any needs are found and services were received, please enter these as Family Services Events-Needs Identified and all follow-up documentation as Action steps. Also, enter all pertinent Services Received PIR information.

If family started Family Goal Setting process, please enter these as Family Services Events-Family Goal.

