

Family Partnership Plan

Child: _____ Date: _____ Completed: _____

Parent/Guardian(s): _____ Staff Name: _____

What is going well for your family?

Suggestions for Strengths:

Communication skills	Good parenting skills	Willingness to learn
Adequate education	Money management skills	Strong family relationships
Adequate job skills	Good health	Reliable transportation
Optimistic attitude	Being responsible	Good problem solver
Adequate housing	Creative/flexible	Hard worker
Have support network	Intelligent	Strong faith

What changes would you like to see for your family? Consider suggestions on Family Goal Setting Worksheets.

How can we work together to make those changes? (Make goals S.M.A.R.T. – Specific, Measurable, Attainable, Realistic, Timeline specified)

Goal(s)

Steps

Who

When

Complete by November 30 or within 45 calendar days after any enrollment occurring after November 30.