Family Connections

Child’s Name __________________________________________________ Date of Birth ____________________
Parent’s Name ________________________________________________________________

Welcome to ________________________________________________________ Early Learning Program!
Completing this activity together is a way for us to learn and understand your family’s story.

Let’s talk about the influences and supports in the child’s life:

Things to Consider:
1. What does your family enjoy doing together?
2. What makes your family strong?
3. What community resource, if any, are you using now? Who do you like to contact?
4. How have you been preparing your child for school?
5. How do you celebrate your culture/family traditions?

Make a copy of this page for the family

Revised 04/29/2019
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08.005.22
Family Connections: Our Agreements

Let’s make agreements together to support your child in our program. These agreements will help achieve outcomes that lead to positive and enduring change for your child and family. You may add other agreements such as your cultural values, ways that you prefer to learn, etc.

Please know that all staff in our program are mandated reporters. Our Child Abuse and Neglect Policy states that staff who have reasonable cause to believe that a child has suffered child abuse or neglect shall ensure a report to Child Protective Services (CPS).

Parent Signature ____________________________________________________
Date _____________

Staff Signature ______________________________________________________
Date _____________

Interpreter Signature ________________________________________________
Date _____________

Make a copy of this page for the family
Family Connections: Safe Arrival and Departure Agreement

I agree to do the following while my child, _______________________________, is enrolled in this Early Learning Program (initial on each line):

___ Make sure that my child has regular attendance and let staff know as soon as possible if, on any day, my child will be late or cannot attend. This includes extended vacation days, child will be out sick for multiple days, etc.

___ Update any changes in family information (phone number, address, emergency contacts, etc.) as soon as possible.

___ Let staff know as soon as possible, if at any time, I no longer wish to participate in the program.

➢ If my child rides the bus to/from the center:

   ___ Have my child wear his/her name tag each day.

   ___ Meet the bus when it arrives at the designated bus stop and always be ready to present my ID.

   ___ Let staff know if someone other than myself will meet my child at the bus stop and make sure that person is listed as an emergency contact and has ID.

   ___ Let staff know if, for any reason, I need a new bus stop for my child.

➢ If I walk or drive my child to/from the center:

   ___ Follow my center’s procedures for pick up and drop off.

   ___ Pick up my child promptly after class unless emergency arrangements have been made with the Teacher and Family Support/Family Advocate.

*NOTES:

If your child is dropped off without following the center’s procedure, staff will discuss this policy with you. If you are late without providing notice to the staff, or if you/your alternate fails to pick up your child, the staff will attempt to call your emergency contacts. If staff are unable to contact or locate someone listed on the emergency contacts list to pick up your child, staff will need to contact local law enforcement to transfer the child into protective custody.

If your child is to be picked up at the center, he/she will only be released to persons listed on the Emergency Treatment and Consent Form. No child will be released to a person under the age of 18 regardless of whether the local school district/agency allows for release to a younger person. A copy of court ordered legal documents that prohibit or limit non-custodial parents from having their children released to them will be kept on file.

PSESD Early Learning Programs contract with various school district and agencies. Each of these centers may have additional requirements or expectations. The above procedures do not replace the requirements and procedures that each center requires. You are responsible to know and follow any additional procedures or agreements set forth by your center.

I have read the above Early Learning Safe Arrival and Departure Agreement and understand that these procedures will be strictly enforced.

Parent Signature ________________________________________________________________ Date ____________

Staff Signature ________________________________________________________________ Date ____________

Interpreter Signature __________________________________________________________ Date ____________

Make a copy of the signed page for the family
This tool will help us gather more information about your family.

1. **Goals** are things you’d like to work on for yourself or your family this program year. Goals should be Specific, Measurable, Attainable, Relevant, and Time-Bound (SMART).

2. **Needs** are things that we may be able to help you with that need immediate attention. The needs you identify will require follow up from us until they have been met or are no longer necessary.

3. **Interests** are things you’d like more information about. Interests you identify may also help us plan parent training topics and family events.

### Staff Notes

**All Programs:** Document SMART goals on the *Family Strengths and Goals Planning Form*. Tally and track the top 4 topics on the *Parent Training Topics Tracking Form*.

**HS/EHS:** Document your follow up and resources provided on the *Family Contact Log*. The numbers are for tracking on the *Family Contact Log*. Asterisks (*) are PIR items.

**ECEAP:** Utilize *Mobility Mentoring* as a resource. Document your follow up and resources provided in ELMS.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Check all that apply</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOAL</td>
<td>NEED</td>
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1. **Family Stability – Housing**
   - Housing resources/assistance*
   - Rent assistance
   - Utility/repair assistance

2. **Family Stability – Family & Dependents**
   - Food resources*
   - Clothing resources*
   - Transportation resources*
   - Child care resources
   - Crisis/emergency assistance*

3. **Well-Being – Health & Mental Health**
   - Finding/using medical/dental services
   - Medical concerns
   - Oral health concerns
   - Nutrition concerns
   - Mental health services*
   - Substance abuse prevention/treatment*

4. **Well-Being – Personal & Professional Networks**
   - Marriage/relationship education*
   - Fun family activities
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<thead>
<tr>
<th>Focus Area</th>
<th>Check all that apply</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Resources for legal support (immigration concerns, incarceration, domestic violence, child support, etc.) *</td>
<td>GOAL:</td>
<td>NEED:</td>
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<tr>
<td>Child school readiness (development, language, literacy, math, social-emotional skills, etc.)</td>
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<tr>
<td>Family school readiness (schedules/routines, family engagement opportunities, etc.)</td>
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<td>Child abuse/neglect services*</td>
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<td>5. Financial – Debt</td>
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<td>Debt counseling</td>
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<td>Asset-building services*</td>
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<td>6. Financial – Savings</td>
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<td>Opening savings and checking accounts*</td>
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<tr>
<td>Asset-building services*</td>
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<td>7. Education &amp; Training</td>
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<tr>
<td>Parenting education*</td>
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<tr>
<td>Adult education (GED, college, vocational training) *</td>
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<td>ESL classes*</td>
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<td>Peer Programs</td>
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<td>Health education*</td>
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<td>Literacy education*</td>
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<td>8. Employment &amp; Career Management</td>
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<tr>
<td>Job training*</td>
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<td>9. Other</td>
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