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
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).

Family

- Support use of my home as a learning environment
- Engage with my child during home visit activities and in discussions to support learning
- Share my child’s health and dental exam results with staff
- Participate in ongoing assessment of my child’s development and in curriculum planning
- Develop and work toward family goals
- Participate in Parent Leadership opportunities

Child

- Share ideas to support learning in the home and community
- Support families to maintain routine health and dental screenings and exams
- Partner with family to regularly assess their child(ren)'s development and develop curriculum support
- Partner with family in developing and reaching family goals
- Collaborate with other programs family may be involved with and support shared goals whenever possible
- Partner with family to develop a transition plan to Preschool or other Early Learning Programs
- Assist in accessing community resources

Staff

- Learn about and respect family culture, values, and community
- Support families to maintain routine health and dental screenings and exams
- Partner with family to regularly assess their child(ren)'s development and develop curriculum support
- Partner with family in developing and reaching family goals
- Collaborate with other programs family may be involved with and support shared goals whenever possible
- Partner with family to develop a transition plan to Preschool or other Early Learning Programs
- Assist in accessing community resources

Parent Signature ____________________________________________________ Date __________

Staff Signature ______________________________________________________ Date __________

Interpreter Signature __________________________________________________ Date __________

Make a copy of this page for the family
Family Connections: Participation Agreement

- We will engage in a weekly 90-minute home visit (for a total of at least 46 visits per year).
- We will reschedule canceled visits within the same week, whenever possible.
- We will cancel and reschedule home visits due to illness.
- Family will update staff with any changes in family contact information (phone number, address, emergency contacts, etc.) as soon as possible.
- We will refrain from texting and answering phone calls during home visits and playgroups unless it's an emergency.
- Family will actively supervise our child(ren) in playgroup by staying with them during all activities and engaging with them.
- Family will maintain a safe and healthy environment during the home visit by:
  - Not using tobacco, e-cigarettes, marijuana, or alcohol
  - Securing pets
  - Securing and locking away firearms and weapons
- We will not post photos and videos from playgroup and home visits on social media without prior consent.

I have read the above Participation Agreements and agree to the expectations of the program and understand the commitment I am making to be a part of the Early Head Start Home-Based Program. I also understand that participation in the program is voluntary and I can choose to exit program at any time.

Parent Signature ____________________________________________________ Date _____________

Staff Signature ______________________________________________________ Date _____________

Interpreter Signature _________________________________________________ Date _____________

Make a copy of the signed page for the family
Family Connections: Goals, Needs, and Interests

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>
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<tbody>
<tr>
<td></td>
<td>GOAL</td>
<td>NEED</td>
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<tr>
<td>1. <strong>Family Stability – Housing</strong></td>
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<tr>
<td>Housing resources/assistance*</td>
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<td>Rent assistance</td>
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<td>Utility/repair assistance</td>
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<td>2. <strong>Family Stability – Family &amp; Dependents</strong></td>
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<tr>
<td>Food resources*</td>
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<td>Clothing resources*</td>
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<td>Transportation resources*</td>
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<td>Child care resources</td>
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<td>Crisis/emergency assistance*</td>
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<td>3. <strong>Well-Being – Health &amp; Mental Health</strong></td>
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<td>Finding/using medical/dental services</td>
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<td>Medical concerns</td>
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<td>Oral health concerns</td>
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<td>Nutrition concerns</td>
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<td>Mental health services*</td>
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<td>Substance abuse prevention/treatment*</td>
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<td>4. <strong>Well-Being – Personal &amp; Professional Networks</strong></td>
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<td>Marriage/relationship education*</td>
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<td>Focus Area</td>
<td>Check all that apply</td>
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<td>Fun family activities</td>
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<td>Resources for legal support (immigration concerns, incarceration, domestic violence, child support, etc.)</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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<tr>
<td>Child abuse/neglect services</td>
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5. **Financial – Debt**

- Debt counseling
- Asset-building services

6. **Financial – Savings**

- Opening savings and checking accounts
- Asset-building services

7. **Education & Training**

- Parenting education
- Adult education (GED, college, vocational training)
- ESL classes
- Peer Programs
- Health education
- Literacy education

8. **Employment & Career Management**

- Job training

9. **Other**

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<tr>
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<th>INTEREST</th>
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