

UMATILLA MORROW HEAD START

Family Partnership Plan and Goal Score Sheet

Family Sequence # _____ Family Name: _____ Staff: _____

		Beginning of Year	End of Year
	Assessment Date		
Area#	Sub Area- <i>please circle area goal was written in</i>	Score	Score
1	Education / Literacy / ESL		
2	Job training / Adult Education		
3	Basic Needs: Housing / Clothing / Food		
4	Transportation		
5	Special Needs & Mental Health		
6	Wellness: Health Education / Prenatal Education/ Substance Abuse Prevention and Treatment		
7	Finances (Adult Education)		
8	Child Care (Parent Education)		
9	Parent Education / Marriage Education		
10	Services & Resources-including: Child Support Assistance / Domestic Violence Services / Assistance to Families of Incarcerated / Child Abuse and Neglect		
	Total Assessment Score		
	Service Level		

		Mid-Year	End of Year
	Goal Follow-Up Date		
Area	Family Goal	Score	Score

**Umatilla Morrow Head Start
Family Partnership Plan * Plan de Asociación Familiar
Family Goal Statement * Declaración Familiar de Metas**

**(THIS FORM MUST BE COMPLETED WITHIN 90 CALENDAR DAYS OF ENROLLMENT)
(ESTA FORMA SE DEBE COMPLETAR DENTRO DE 90 DÍAS DEL CALENDARIO DESPUÉS DE LA MATRICULA)
PLEASE PRESS FIRMLY TO INSURE ALL COPIES ARE LEGIBLE
FAVOR DE OPRIMIR FIRME PARA ASEGURAR QUE TODAS LAS COPIAS SEAN LEGIBLES**

FAMILY NAME/APELLIDO DE FAMILIA: _____

CHILD'S NAME/NOMBRE DEL NIÑO: _____

STAFF/PERSONAL: _____ CENTER/CENTRO: _____ DATE/FECHA: _____

A goal is a step or a necessary part to enhance current strengths. It should be specific, measurable, attainable, realistic and contain a time-frame. We ask all of our families to develop a goal that they can achieve by the end of the year. *Una meta es un paso o una parte necesaria para mejorar las fuerzas actuales. Debe ser específica, que se pueda medir, alcanzable, realista, y contener cuadro de tiempo. Pedimos a todas las familias que desarrollen una meta que puedan realizar para el final del año.*

GOAL AREA/AREA PARA LA META: _____

(from sub-areas on goal score sheet, page 14 / de sub-áreas en la hoja de puntuación de meta, pagina 14)

FAMILY GOAL/META DE LA FAMILIA: Specific, Measurable, Attainable, Relevant, Timeline

Steps needed to reach goal: <i>Pasos necesarios para realizar la meta:</i>	Person/Agency responsible: <i>Persona/Agencia responsable:</i>	Resources needed: <i>Recursos necesarios:</i>	Date to be completed by: <i>Fecha para completarse:</i>	Date Goal Completed <i>Fecha de meta comleta</i>

THIS GOAL CAN BE MET BY * *ESTA META SE PUEDE REALIZAR PARA:* _____
(Month/Mes) (Year/Año)

PARENT/GUARDIAN SIGNATURE * *FIRMA DE PADRES GUARDIÁN:* _____

When family goal is met, a new goal should be developed on a new Family Goal Statement form.
Cuando se cumple la meta familiar, se debe desarrollar una nueva meta en una nueva forma de Declaración Familiar de Meta

GOAL WORK FOLLOW-UP

MID-YEAR FOLLOW-UP DATE:	MID-YEAR ACHIEVEMENT SCORE	END OF YEAR FOLLOW-UP DATE	END OF YEAR ACHIEVEMENT SCORE
____/____/____ (month) (day) (year)	1 2 3 4	____/____/____ (month) (day) (year)	1 2 3 4

SCORING:

1. Goal Achieved 2. Goal Partially-Achieved (1/2) 3. Minimal Progress ** 4. No Progress**

****If minimal or no progress noted, additional supports and/or alternative goals must be written in order to address barriers.****

White copy – Child's File

Yellow copy – Parent/ Guardian (initial visit)

Pink copy-Parent/Guardian (mid-year)

Revised 6/22/11