

# Umatilla Morrow Head Start, Inc

## Family Partnership Plan

### General information

Our program places an emphasis on developing partnership with families. In order to help us develop the best partnership possible, there is some general information we would like to ask you about.

Family Name: \_\_\_\_\_ County/Center: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(month) (day) (year)

Staff: \_\_\_\_\_

**Tell me about the members of your family and those who live with you:**

NAME	RELATIONSHIP	BIRTHDATE

**What are some of the most important things we need to remember about you and your family as we work together?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are both parents involved in your child's life?  Yes  No

Is there a non-custodial parent?  Yes  No

Is there a court order/legal document in place?  Yes  No

Would you give Head Start permission to contact this parent?  Yes  No

Signature: (Approval to contact non-custodial parent) \_\_\_\_\_

Are you currently involved with another agency or program in which you have developed a goal or plan?

Yes  No

If yes, with what agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

May Head Start contact this agency for goal/plan information?  Yes  No

Signature: (Approval to contact other agency/agencies for goal planning) \_\_\_\_\_

**Our program offers parent meetings, trainings, community involvement, and opportunities for parents to get together. If you choose to participate, when would be the most convenient time for you to attend such activities?**

mornings  evenings  afternoons  weekends  various times

**Check topics that would interest you:**

- |   |   |
|---|---|
| <input type="checkbox"/> Social Support Groups (meeting other parents that share common interests such as scrapbooking, photography, home maintenance, auto repair, sewing, cooking or another fun activity!) | <input type="checkbox"/> Neighborhood Revitalization and Neighborhood Watch |
| <input type="checkbox"/> The Incredible Years-parenting education   | <input type="checkbox"/> Budgeting, financial literacy                      |
| <input type="checkbox"/> The ABC's of home ownership  | <input type="checkbox"/> Leadership...making a difference in your community |
|   | <input type="checkbox"/> Wellness (health & nutrition)                      |
|   | <input type="checkbox"/> Other  |

**Our program conducts home visits several times throughout the year. When is the best time for us to make such visits with you?**

Day of the Week: \_\_\_\_\_

Time: \_\_\_\_\_

<b>FAMILY PARTNERSHIP PLAN</b>		<b>Family Name:</b> _____ <b>Advocate:</b> _____	
<b>Assessment of Strengths, Capabilities, &amp; Needs</b>		<b>Child's Name:</b> _____ <b>Date:</b> _____	
<p><b>INSTRUCTIONS:</b> Complete this assessment using information obtained from the family, staff observation and knowledge, and/or other existing family plans. Strengths and needs identified should be used to develop family goal(s) and as a basis for determining how support is provided for the family. This form highlights strengths, needs, and capabilities commonly noted when working with families. This Family Partnership Plan should be individually tailored by adding observations and other information that pertains to the uniqueness of the family.</p>			
		<b>Caregiver Score</b>	
<b>AREA &amp; DIRECT INFORMATION</b>	<b>Beginning Of Year</b>	<b>End Of Year</b>	<b>Scoring Guidance</b>
<p><b>Please Note: The score assigned should represent the family's current status as closely as possible. A family does not have to meet all of the bullet points in a given category to receive that score.</b></p>			
<p><b>1. <u>EDUCATION, LITERACY, AND ESL</u></b></p> <p><b>What level of education have you obtained or are you currently enrolled in?</b>                  Please specify grade level completed, or note GED, High School Diploma, College Degree, or any college credit obtained.                  _____                  _____</p> <p><b>Do you have plans to pursue any educational or career related goals?</b>                  O No O Yes</p> <p>If yes,                  What do you have planned and when?                  _____</p> <p>Is there anything we can do to help you reach your educational goal?                  _____</p> <p>Do you read as a leisure activity? O No O Yes</p> <p>Do you read to/with your children? O No O Yes</p> <p>How often?                  How do you decide what books to read to/with them?</p> <p>Do you access the library? For what and how often? Do you take your children?</p> <p>If a language other than English is your first language, do you have an interest in learning English?</p> <p>Has not being fluent in English been a barrier for you? How?</p> <p><b>If you had to tell your child(ren) one thing about learning, what would you say?</b>                  _____</p>	<p><b>10</b></p> <p><b>15</b></p> <p><b>20</b></p> <p><b>25</b></p> <p><b>30</b></p> <p><b>35</b></p> <p><b>40</b></p> <p><b>45</b></p> <p><b>50</b></p>	<p><b>10</b></p> <p><b>15</b></p> <p><b>20</b></p> <p><b>25</b></p> <p><b>30</b></p> <p><b>35</b></p> <p><b>40</b></p> <p><b>45</b></p> <p><b>50</b></p>	<ul style="list-style-type: none"> <li>◆ Post-secondary education or training</li> <li>◆ Positive attitude toward learning</li> <li>◆ Sets and pursues long-range career and educational goals</li> <li>◆ Can pursue educational or personal development goals without additional resources or support</li> <li>◆ Accesses the library or other resource for appropriate reading material for self and children</li>   <li>◆ High school or equivalent education or enrolled for same</li> <li>◆ Enrolled in adult education (may include ESL), or vocational education</li> <li>◆ Has solid plans to pursue educational training of some sort</li> <li>◆ Capable of pursuing educational or personal development goals with little assistance</li> <li>◆ Occasionally accesses library, has knowledge of appropriate children's literature</li>   <li>◆ Considering personal education needs and options</li> <li>◆ Less than 9<sup>th</sup> grade education; can set and pursue education</li> <li>◆ Can set and pursue education goals with assistance</li> <li>◆ Experiences barriers due to language, but has resources to work through the barriers</li> <li>◆ Has knowledge of and access to resources to enhance personal development or education and child's literacy skills</li>   <li>◆ Less than 6<sup>th</sup> grade education</li> <li>◆ Language has been a barrier in obtaining education or job changes</li> <li>◆ Does not consider learning a priority</li> <li>◆ Does not or cannot set or pursue systematic career and personal education goals</li> <li>◆ Very limited ability to participate in educational or personal development goals</li> <li>◆ Does not read to child(ren) or for leisure</li>   <li>◆ Little to no formal education;</li> <li>◆ No interest in or access to remedial education</li> <li>◆ Unable to participate in educational activities</li> <li>◆ Pursuing educational or personal development goals not feasible</li> <li>◆ Cannot read</li> <li>◆ Socially/culturally isolated</li> </ul> <p>*****  <b>COMMENTS / NOTES:</b></p>

AREA & DIRECT INFORMATION	Beginning Of Year	End Of Year	SCORING GUIDANCE
<b>2. JOB TRAINING AND ADULT EDUCATION:</b> What type of skills, interests, or talents do you have? What do others say you do well? _____ _____	10	10	<ul style="list-style-type: none"> <li>◆ Currently employed in a stable job</li> <li>◆ Current job has a benefit package</li> <li>◆ Solid skills and confidence in skills</li> </ul>
	15	15	<ul style="list-style-type: none"> <li>◆ Currently not interested in employment by choice (job not needed or not feasible)</li> </ul>
Is there a skill or talent you would like to learn? <b>Cooking, Budgeting, Parenting skills, ESL, Etc.</b> <b>What is it?</b>	20	20	<ul style="list-style-type: none"> <li>◆ Has marketable skills</li> <li>◆ Has some benefits</li> <li>◆ Employment potential for advancement</li> <li>◆ Currently or recently employed or unemployed by choice (not needed or feasible)</li> </ul>
<b>Are you currently employed?</b> <input type="radio"/> No <input type="radio"/> Yes	25	25	
If <u>yes</u> , where? _____ How long? _____	30	30	<ul style="list-style-type: none"> <li>◆ Learning or willing to learn more marketable skills as needed</li> <li>◆ History of seasonal or temporary employment</li> <li>◆ Inadequate hours, benefits, stability, limited advancement potential</li> <li>◆ Actively seeking employment</li> </ul>
<b>Tell me about the work you do?</b>	35	35	
What is the most enjoyable part of your job?	40	40	<ul style="list-style-type: none"> <li>◆ Minimum job skills</li> <li>◆ No benefits, not sure where to find next job</li> <li>◆ History of performance problems at work</li> <li>◆ No career plans, employment needed</li> </ul>
The least enjoyable?	45	45	
<b>If not employed, do you wish to obtain employment, or do you need assistance with job skills?</b> Employment: <input type="radio"/> No <input type="radio"/> Yes Skills: <input type="radio"/> No <input type="radio"/> Yes	50	50	<ul style="list-style-type: none"> <li>◆ Unemployed no leads for job</li> <li>◆ No positive work history.</li> <li>◆ No interest in employment or is unable to work due to emotional/physical status</li> <li>◆ Employment greatly needed</li> </ul>
<b>Are other members of the household employed?</b> <input type="radio"/> No <input type="radio"/> Yes			***** <b>COMMENTS / NOTES:</b>
If yes, please indicate who: _____ Where is he/she employed? _____			
<b>What other types of work have you done in the past?</b> <b>What have you liked or not liked about the work you have done?</b> _____ _____			

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<p><b>3. <u>BASIC NEEDS: HOUSING, CLOTHING, FOOD</u></b></p> <p><b>Do you rent, own, lease or have other living arrangements?</b> <i>(Please circle answer or fill in blank)</i></p> <hr/> <p><b>Are payments for housing affordable for you?</b>  <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>How many people live in your household?</b> _____</p> <p>Tell me what you like and what you don't like about your housing?</p> <p><b>Do you have concerns about your current housing situation? If so, what are they?</b> <i>(check for safety and healthy living conditions)</i></p>	10	10	<ul style="list-style-type: none"> <li>◆ Lives in housing of choice, or is satisfied with housing /community situation</li> <li>◆ Rent or payment options seem feasible to owner and can be made without major concerns</li> <li>◆ Owns or has long-term occupancy</li> <li>◆ Basic needs are met.</li> </ul>
	15	15	
	20	20	<ul style="list-style-type: none"> <li>◆ Lives in or has access to adequate housing</li> <li>◆ Rent or payment options can be met but are sometimes a concern.</li> <li>◆ Safe home and neighborhood or perceived as such by family</li> <li>◆ Tenancy is secure (or has been secure) for more than one year</li> <li>◆ Basic needs are usually met.</li> </ul>
	25	25	
	30	30	<ul style="list-style-type: none"> <li>◆ Payments for housing are difficult to make without assistance</li> <li>◆ Tenancy is secure for at least six months</li> <li>◆ Housing is not hazardous or unhealthy</li> <li>◆ Family feels neighborhood is relatively safe</li> <li>◆ Clothing and/or food needs are consistently supplemented by community resources.</li> </ul>
	35	35	
<p><i>Is/Was homeless? Have they found housing? Need resources?</i></p> <hr/>			
<p><b>Do you feel your family's clothing needs are met?</b></p>	40	40	<ul style="list-style-type: none"> <li>◆ Lives in temporary or transitional housing;</li> <li>◆ Uncertain of where family will live a month from now</li> <li>◆ Lives in unsafe, deteriorating, or overcrowded housing</li> <li>◆ Finances for stable housing are not routinely available.</li> <li>◆ Clothing and/or food needs are not adequate and/or there is some knowledge of resources.</li> </ul>
<p><b>Does every member of your family have a sensible pair of shoes and a winter coat? Do you have unmet clothing needs?</b></p>	45	45	
<p><b>Which of the following statements best describes your situation?</b></p> <p>___ I have enough food to meet my family's needs.</p> <p>___ I usually have enough food to meet my family's needs, and I know how to access resources when I run short.</p> <p>___ I run out of food on a regular basis and have to access resources to supplement my family's food needs.</p> <p>___ I struggle to have enough food for my family and don't have access to resources to help supplement our food needs. (local Food Bank)</p> <p><b>Do you have a phone or have access to one at anytime?</b> _____</p>	50	50	<ul style="list-style-type: none"> <li>◆ Lives in dangerous conditions</li> <li>◆ Homeless or on the verge of homelessness</li> <li>◆ Has history of consistent homelessness</li> <li>◆ Unable to secure housing without extensive resources or help</li> <li>◆ Clothing and/or food needs are inadequate and there is little/no knowledge of community resources.</li> </ul> <p>*****</p> <p><b>COMMENTS / NOTES:</b></p>

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<p><b>4. <u>TRANSPORTATION:</u></b></p> <p><b>Do you have access to safe transportation?</b>  <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>What is your main source of transportation? Please circle response: own vehicle, vehicle of friend/family member, walking, bus, taxi, or other public transportation</b></p> <hr/> <p><b>Do you have a current valid driver's license?</b>  <input type="radio"/> No <input type="radio"/> Yes</p> <p>If no, have there been problems with obtaining or keeping a license? Please explain:</p> <hr/> <hr/> <p><b>Have you ever had any run ins with the law? Such as a parking ticket, speeding ticket or other? _____</b></p> <hr/> <p><b>In the state of Oregon, it is a law that all children up to 4'9" tall and up to 8 years of age be in a child safety seat while traveling. Do you need information about obtaining or correctly using a car seat for your child?</b>  <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>It is also the law in the state of Oregon that all passengers wear seat belts while traveling. Do you need information about obtaining or using seat belts in your main transportation source?</b>  <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Do you have auto insurance?</b>  <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Do you need information about possible resources regarding safe driving practices or about insurance for your car?</b>  <input type="radio"/> No <input type="radio"/> Yes</p>	<p><b>10</b></p> <p><b>15</b></p> <p><b>20</b></p> <p><b>25</b></p> <p><b>30</b></p> <p><b>35</b></p> <p><b>40</b></p> <p><b>45</b></p> <p><b>50</b></p>	<p><b>10</b></p> <p><b>15</b></p> <p><b>20</b></p> <p><b>25</b></p> <p><b>30</b></p> <p><b>35</b></p> <p><b>40</b></p> <p><b>45</b></p> <p><b>50</b></p>	<ul style="list-style-type: none"> <li>◆ Has current driver's license</li> <li>◆ Auto is fully insured with comprehensive or adequate coverage</li> <li>◆ Has choice of transportation and/or access to transportation virtually all the time</li> <li>◆ Able to repair (or obtain repairs for) vehicle when needed; vehicle is safe</li> </ul> <ul style="list-style-type: none"> <li>◆ Has license</li> <li>◆ Has basic insurance coverage</li> <li>◆ Has adequate driving record</li> <li>◆ Has and maintains own vehicle or other means of transportation</li> </ul> <ul style="list-style-type: none"> <li>◆ Generally has access to some form of safe transportation as needed</li> <li>◆ Has driver license but history of driving or license problems</li> <li>◆ Driving not a major concern or need</li> <li>◆ Minimal or lack of insurance</li> </ul> <ul style="list-style-type: none"> <li>◆ Does not have license</li> <li>◆ Is driving without license or without insurance or both</li> <li>◆ Unpaid parking tickets or has other legal issues related to driving</li> <li>◆ Does not have safe or reliable transportation or means to obtain it</li> </ul> <ul style="list-style-type: none"> <li>◆ Has revoked or suspended license; not insurable</li> <li>◆ No access to transportation for basic needs</li> <li>◆ No money to obtain transportation</li> <li>◆ Previously incarcerated for traffic violations</li> </ul> <p>*****  <b>COMMENTS / NOTES</b></p>

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<b>5. SPECIAL NEEDS/MENTAL HEALTH</b>	10	10	<ul style="list-style-type: none"> <li>◆ Special needs family member cares for self as appropriate or family meets needs with little or no outside assistance.</li> <li>◆ Family notes at least four sources of support and access support as needed</li> <li>◆ Recognizes strengths and needs of family and works to build on strengths</li> <li>◆ Emotional/mental health needs are few and are recognized as well as being met appropriately</li> </ul>
<b>Do you have a child or family member with a disability or special need?</b>	15	15	
<p style="text-align: center;">O No O Yes</p>			
How would you describe the need? _____ _____			
Is there something we could do to help meet that need?	20	20	<ul style="list-style-type: none"> <li>◆ Special needs family member has areas of minor dependence that are necessary</li> <li>◆ Family notes at least two sources of support and accesses support as needed</li> <li>◆ Recognizes strengths of family</li> <li>◆ Emotional/mental health needs are recognized and met appropriately</li> </ul>
_____			
<b>What is it that keeps you up at night? Worries/Concerns?</b>	25	25	
_____			
<b>Do you have people you can turn to when you need help, advice or just someone to listen?</b>	30	30	<ul style="list-style-type: none"> <li>◆ Special needs family member relies on others for routine help; some emotional dependence</li> <li>◆ Family notes at least one source of support</li> <li>◆ Has difficulty recognizing strengths of family</li> <li>◆ Family has immediate emotional/mental health needs not being met at the present time</li> </ul>
<p style="text-align: center;">O No O Yes</p>			
<b>Who has been helpful to you in raising your child(ren) and/or coping with daily situations? (Check all that apply)</b>	35	35	
___ Parents                      ___ Partner/Partner			
___ Friends                      ___ Other Agencies			
___ Other Family Members    ___ Head Start			
___ Church                      ___ Day Care			
___ Counselor                    ___ Neighbors			
___ No One Noted              ___ Others	40	40	<ul style="list-style-type: none"> <li>◆ Special needs family member has minimal independent functioning; cannot live alone</li> <li>◆ Family does not access support from others</li> <li>◆ Does not recognize family strengths</li> <li>◆ Emotional/mental health needs of family are numerous and are not being addressed</li> </ul>
<b>What are some of your family's strengths?</b>	45	45	
_____			
_____			
<b>Tell me about what you do for fun? Do you get to go out often with friends? _____</b>	50	50	<ul style="list-style-type: none"> <li>◆ Special needs family member unable to function independently; cannot survive without outside help</li> <li>◆ No sources of support are noted or recognized</li> <li>◆ Family does not recognize family strengths and focuses on difficulties</li> <li>◆ Emotional/mental health needs are overwhelming to the family</li> </ul>
Describe a typical day for you? _____			***** <b>COMMENTS / NOTES:</b>
_____			
<b>Are there specific emotional/mental health needs that we might be able to help with?</b>			
<p style="text-align: center;">O No O Yes</p>			
Have you ever had an opportunity to talk with a counselor, a minister/rabbi/priest/pastor or a doctor? Was that helpful for you? Did they prescribe any medication to help you? Was that helpful?			

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<p><b>6. <u>HEALTH EDUCATION, PRENATAL EDUCATION AND SUBSTANCE ABUSE PREVENTION AND TREATMENT</u></b></p> <p>Do you have access to total care for adult members of your family? (Vision, dental, medical, mental health services. Etc.)</p> <p style="text-align: center;">O No O Yes</p> <p>If yes, how are these needs met? _____</p> <p>Does your child (ren) have a doctor/medical care available when he/she is ill? If yes, who? _____</p> <p style="text-align: center;">O No O Yes</p> <p>Is your child (or children) covered by some type of medical plan such as a medical card, Healthy Kids, or private insurance?</p> <p style="text-align: center;">O No O Yes</p> <p>(If eligible, but not currently covered, ensure that the family receives, completes and returns a Healthy Kids application)</p> <p>Is anyone in your household pregnant? O No O Yes</p> <p>If so, are they receiving prenatal care/education?</p> <p>How has your relationship changed with spouse since learning of your pregnancy?</p> <p><b>Lots of people have experimented with drugs. Are there current concerns about alcohol/drug use for you or anyone in your household?</b> How much? How often? Last time used?</p> <p style="text-align: center;">O No O Yes</p> <p>Have you or other persons in your household participated in treatment for drugs and/or alcohol in the past year?</p> <p style="text-align: center;">O No O Yes</p> <p>Are there current concerns about tobacco use for you or anyone in your household? How much? How often?</p> <p style="text-align: center;">O No O Yes</p> <p>Have you or anyone other person in your household participated in stop smoking programs in the last year</p> <p style="text-align: center;">O No O Yes</p> <p>Would you or any family member be interested in resources for quitting smoking or any other form of tobacco (chew, snuff, smokeless tobacco products)? O No O Yes</p> <p style="text-align: center;">Tobacco questionnaire</p> <p>1) Do you use tobacco? a) Never b) Currently c) Formerly</p> <p>2) Does anyone in your household use tobacco? a) Yes b) No</p> <p>3) Is smoking allowed inside your house / car? a) Yes b) No</p> <p>4) Do you know where you can get help to quit using tobacco? a) Yes b) No</p> <p style="text-align: center;">*****Enter results into child plus*****</p>	<p style="text-align: center;"><b>10</b></p> <p style="text-align: center;"><b>15</b></p> <p style="text-align: center;"><b>20</b></p> <p style="text-align: center;"><b>25</b></p> <p style="text-align: center;"><b>30</b></p> <p style="text-align: center;"><b>35</b></p> <p style="text-align: center;"><b>40</b></p> <p style="text-align: center;"><b>45</b></p> <p style="text-align: center;"><b>50</b></p>	<p style="text-align: center;"><b>10</b></p> <p style="text-align: center;"><b>15</b></p> <p style="text-align: center;"><b>20</b></p> <p style="text-align: center;"><b>25</b></p> <p style="text-align: center;"><b>30</b></p> <p style="text-align: center;"><b>35</b></p> <p style="text-align: center;"><b>40</b></p> <p style="text-align: center;"><b>45</b></p> <p style="text-align: center;"><b>50</b></p>	<ul style="list-style-type: none"> <li>◆ Very attentive to health care issues</li> <li>◆ Report quality and accessible medical care</li> <li>◆ Wellness needs are being met and there seems to be preventative care</li> <li>◆ No history of alcohol/drug abuse</li> </ul> <ul style="list-style-type: none"> <li>◆ Adequate medical and physical care provided</li> <li>◆ Wellness needs are being met as they occur</li> <li>◆ Several medical problems noted and are being addressed</li> <li>◆ No history of alcohol/drug abuse</li> </ul> <ul style="list-style-type: none"> <li>◆ Family reports inadequate or inaccessible health care</li> <li>◆ Wellness needs not met in a timely manner</li> <li>◆ Numerous medical problems noted some of which are not being addressed</li> <li>◆ Suspected or reported drug abuse in the past</li> </ul> <ul style="list-style-type: none"> <li>◆ Minimal attention to medical/physical care</li> <li>◆ Generally inadequate care; or requires extensive care</li> <li>◆ Medical problems noted are severe; potentially harmful</li> <li>◆ Suspected or reported history of drug/alcohol abuse, and possible current usage</li> </ul> <ul style="list-style-type: none"> <li>◆ Child(ren)'s health is endangered</li> <li>◆ Medical problems are not being addressed; no care is being received</li> <li>◆ Home environment does not promote healthy living</li> <li>◆ Suspected or reported history of drug/alcohol abuse in the past and possible current usage</li> </ul> <hr style="border-top: 1px dashed black;"/> <p><b>COMMENTS / NOTES:</b></p>

AREA & DIRECT INFORMATION	Beginning Of Year	End Of Year	SCORING GUIDANCE
<p><b>7. FAMILY FINANCES (ADULT EDUCATION):</b>  <b>Sometimes families have a hard time getting by on the money available. Please answer yes or no to the following</b>  <input type="checkbox"/> I am able to pay bills on time  <input type="checkbox"/> I know how to budget my money  <input type="checkbox"/> It is difficult to meet basic needs (food, clothing, diapers, formula)  <input type="checkbox"/> I have a lot of debt  <input type="checkbox"/> I have good credit  <input type="checkbox"/> I am not able to get credit  <input type="checkbox"/> I have no credit  <input type="checkbox"/> I am able to save some money  <input type="checkbox"/> I have a checking account  <input type="checkbox"/> I have a savings account  <input type="checkbox"/> There is extra money for “wants” (aside from basics)  <input type="checkbox"/> I think my income will increase in the next year  <input type="checkbox"/> I have a reliable source of income  <input type="checkbox"/> I have to rely on others for financial assistance                      Stop*** Complete Budget with Family****  <b>Do you or your family have other financial needs at this time?</b>                                                        <input type="radio"/> No   <input type="radio"/> Yes                      If yes, please specify:                      _____                      _____  <b>Would you like information about reducing debt?</b>                                                        <input type="radio"/> No   <input type="radio"/> Yes    <b>Would you like information about credit counseling?</b>                                                        <input type="radio"/> No   <input type="radio"/> Yes  <b>Are you interested in our Vida Savings for life Program?</b>  <b>Are you interested in our Pasos al Exitto program?</b></p>	<p><b>10</b>  <b>15</b>  <b>20</b>  <b>25</b>  <b>30</b>  <b>35</b>  <b>40</b>  <b>45</b>  <b>50</b></p>	<p><b>10</b>  <b>15</b>  <b>20</b>  <b>25</b>  <b>30</b>  <b>35</b>  <b>40</b>  <b>45</b>  <b>50</b></p>	<ul style="list-style-type: none"> <li>◆ Sufficient income to meet needs and allow for “extras” and/or can save money</li> <li>◆ Keeps track of expenditures, or has a budget</li> <li>◆ Stable, steady income</li> <li>◆ Consistently pays bills on time</li>   <li>◆ Sufficient income to meet basic needs</li> <li>◆ Attempts to budget money</li> <li>◆ Typically pays bills on time</li> <li>◆ Is able to save money</li>   <li>◆ Minimally adequate income</li> <li>◆ Is not able to save money</li> <li>◆ Not able to make timely payments on a routine basis</li> <li>◆ No budget or financial plan in place</li>   <li>◆ Occasionally able to meet basic needs</li> <li>◆ No credit or poor credit</li> <li>◆ Overwhelming debt load</li> <li>◆ Relies on others for financial assistance</li>   <li>◆ Little or no money</li> <li>◆ Cannot meet basic needs</li> <li>◆ Is not able to pay bills</li> <li>◆ Has had legal problems due to finances</li>   <p>*****  <b>COMMENTS/NOTES:</b></p> </ul>



AREA & DIRECT INFORMATION	Beginni ng Of Year	End Of Year	SCORING GUIDANCE
<p><b>9. PARENT EDUCATION AND RELATIONSHIP EDUCATION:</b>  <b>Which of the statements below do you agree with regarding parenting? (Check all that apply)</b>  <input type="checkbox"/> I feel I am a good parent  <input type="checkbox"/> I know and understand my child’s needs  <input type="checkbox"/> We have daily routines in our home  <input type="checkbox"/> I enjoy being a parent  <input type="checkbox"/> We have family rules  <input type="checkbox"/> My child has other adult role models in his/her life  <input type="checkbox"/> My child enjoys being at home  <input type="checkbox"/> I feel comfortable showing affection to my child  <input type="checkbox"/> My child knows he/she is loved</p> <p><b>When do you think you baby might start walking or toilet train? When would you worry if your baby had not walked or toilet trained?</b>  <b>Do you have concerns about your child’s behavior?</b>  <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>How are children disciplined at home?</b> _____  Do you worry about spoiling the child? What does spoiling mean to you?  <b>What is the most difficult part of parenting for you?</b> _____  <b>Do you have parenting concerns?</b>  <input type="radio"/> No <input type="radio"/> Yes</p> <p>Do you need information on Parent Education? <a href="http://www.umchs.org">www.umchs.org</a> Training Calendar  Tell me what it was like to be a child in your family?  When you did something wrong that upset your parents what did they do?  How were things when you became a teenager?</p> <p><b>Which of the following is true for you (mark all that apply):</b>  <input type="checkbox"/> My partner and I have developed a healthy communication style.  <input type="checkbox"/> My partner and I generally agree on a parenting style.  <input type="checkbox"/> My partner and I feel comfortable showing affection to one another.  <input type="checkbox"/> My partner and I share common short-term and long-term goals.  <input type="checkbox"/> My partner and I each have friends that we do things with apart from each other.  <input type="checkbox"/> My partner and I often disagree on how to raise our children.  <input type="checkbox"/> My partner and I often fight (verbally or physically).  <input type="checkbox"/> My partner and I are growing apart.  <input type="checkbox"/> I rely on my partner to meet all of my emotional needs.</p> <p><b>Tell me how you and your spouse meet?</b>  <b>What do you do when you get really angry?</b></p>	<p><b>10</b></p> <p><b>15</b></p> <p><b>20</b></p> <p><b>25</b></p> <p><b>30</b></p> <p><b>35</b></p> <p><b>40</b></p> <p><b>45</b></p> <p><b>50</b></p>	<p><b>10</b></p> <p><b>15</b></p> <p><b>20</b></p> <p><b>25</b></p> <p><b>30</b></p> <p><b>35</b></p> <p><b>40</b></p> <p><b>45</b></p> <p><b>50</b></p>	<ul style="list-style-type: none"> <li>◆ Consistent, observable, age appropriate parenting practices</li> <li>◆ Enjoys being a parent &amp; seems confident in skills</li> <li>◆ Understands child’s needs and provides accordingly</li> <li>◆ Children know they are loved, and are shown affection</li> <li>◆ Adult relationships are secure</li>   <li>◆ Reasonably consistent, age appropriate parenting practices</li> <li>◆ Has an understanding of child’s needs and attempts to meet them.</li> <li>◆ Children know they are loved</li> <li>◆ Appears to have an effective method of discipline</li> <li>◆ Adults get along, but disagree on parenting style and/or goals</li>   <li>◆ Some daily routines</li> <li>◆ Inconsistent or ineffective discipline methods</li> <li>◆ Unsure of parental role</li> <li>◆ Some understanding of child’s needs or development</li> <li>◆ Adults often argue and/or uncomfortable showing affection</li>   <li>◆ Minimal routines in the home</li> <li>◆ Discipline methods seem to be inappropriate</li> <li>◆ History of parental problems</li> <li>◆ Little understanding of child development or needs</li> <li>◆ Little or no communication between adults</li> <li>◆ Marriage is up and down</li> <li>◆ Adults may be socially isolated</li>   <li>◆ No routine or consistency</li> <li>◆ History of serious parental problems</li> <li>◆ Discipline is rigid, harsh or extremely permissive</li> <li>◆ No understanding of child development or needs</li> <li>◆ Disagreements between adults are handled with verbal and physical aggression</li> <li>◆ Marriage is very unstable, possibility of separation or divorce</li> <li>◆ Social isolation is evident</li> </ul> <p>*****  <b>COMMENTS / NOTES:</b></p>

AREA & DIRECT INFORMATION	Beginning Of Year	End Of Year	SCORING GUIDANCE
<b>10. SERVICES &amp; RESOURCES (also includes EMERGENT AND CRISIS NEEDS):</b>	10	10	<ul style="list-style-type: none"> <li>◆ Has knowledge of available services</li> <li>◆ Is able to access needed services when necessary</li> <li>◆ Knows where to find help if needed</li> <li>◆ Requires few (or no) formal resources</li> </ul>
<b>If you found yourself in need of a service or information about a service, what might you do?</b>	15	15	<ul style="list-style-type: none"> <li>◆ Requires few (or no) formal resources</li> </ul>
<i>(This is an excellent opportunity for you to explain the community resource guide and our case management process)</i> <hr/>	20	20	<ul style="list-style-type: none"> <li>◆ Has basic knowledge of existing services</li> <li>◆ Can access services independently</li> </ul>
<hr/>	25	25	<ul style="list-style-type: none"> <li>◆ Lives in a community where resources are abundant</li> <li>◆ Appropriate use of services</li> </ul>
<b>Do you feel you have knowledge of the services that are available for persons in your community?</b>	30	30	<ul style="list-style-type: none"> <li>◆ Has minimal knowledge of available services</li> <li>◆ Only accesses needed services/resources in an emergency</li> </ul>
<p style="text-align: center;">O No O Yes</p>	35	35	<ul style="list-style-type: none"> <li>◆ Lives in a community where resources are adequate</li> <li>◆ Can access services with help</li> </ul>
<b>Do you or have you used agency/program services? If so, what and when?</b>	40	40	<ul style="list-style-type: none"> <li>◆ Has some knowledge (minimal) of available services</li> <li>◆ Does not utilize resources appropriately</li> <li>◆ Lives in a community where resources are limited</li> <li>◆ Needed services typically initiated by an outside source</li> </ul>
<hr/>	45	45	
<b><u>Do you have emergent or crisis needs?</u></b>	45	45	
<b><u>Do any of the following apply to you?</u></b>	50	50	<ul style="list-style-type: none"> <li>◆ Has no knowledge of what services are available or how to find out what services are available</li> <li>◆ Services or resources are utilized only when initiated by an outside source</li> <li>◆ Lives in a community where resources are extremely limited</li> <li>◆ Services and resources are sometimes misused</li> </ul>
<p>_____ I need help establishing paternity and/or getting child support assistance (Child Support Enforcement 541-276-6932)</p>			
<p>_____ I live with someone I am afraid of. (Domestic Violence Services <a href="http://www.domesticviolenceservices-or.org">www.domesticviolenceservices-or.org</a> 1800-833-1161)</p>			
<p>_____ I need help obtaining legal status in the U.S. (Immigration 541-276-6685 ext 208/Adult Education <a href="http://www.bluecc.edu">www.bluecc.edu</a>)</p>			
<p>_____ My children or myself have an immediate family member who is incarcerated. (Assistance to Families of Incarcerated)</p>			
<p>_____ I am afraid I might hurt my children. (Child Abuse and Neglect 1800-547-3897)</p>			
<b><u>Is there anything you feel we should know that has not been covered in this assessment?</u></b>			<p>*****  <b>COMMENTS / NOTES:</b></p>

# UMATILLA MORROW HEAD START FAMILY ASSESSMENT SCORING

FAMILY NAME: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ DATE ASSESSMENT COMPLETED: \_\_\_\_\_

INITIAL ASSESSMENT SCORE: \_\_\_\_\_ SERVICE LEVEL: \_\_\_\_\_

If Service Level Four or Five could this family benefit from Parent Assistance Plan  Yes  Not at this time

\*\*\*\*\*

STAFF : \_\_\_\_\_ DATE ASSESSMENT COMPLETED: \_\_\_\_\_

END OF YEAR ASSESSMENT SCORE: \_\_\_\_\_ SERVICE LEVEL: \_\_\_\_\_

\*\*\*\*\*

## SCORING CATEGORIES

SCORE	LEVEL
100 -140	LEVEL ONE
150-200	LEVEL TWO
210-300	LEVEL THREE
310-400	LEVEL FOUR
410-500	LEVEL FIVE

Families scoring in levels 4-5 require a minimum of six home visits per year

# UMATILLA MORROW HEAD START

## Family Partnership Plan and Goal Score Sheet

Family Sequence # \_\_\_\_\_ Family Name: \_\_\_\_\_ Staff: \_\_\_\_\_

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

		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.**

*Quando 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  
mid-year)

Yellow copy – Parent/ Guardian (initial visit)

Pink copy-Parent/Guardian (mid-year)