



**FAMILY PARTNERSHIP AGREEMENT**

Child's Name \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_  
Location \_\_\_\_\_

**FAMILY STRENGTHS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**FAMILY NEEDS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**NOTES:**

**FAMILY GOALS:**  I am not interested in setting any goals at this time, but I may contact you at a later time.

**Short Term:** \_\_\_\_\_

**Time Table:** \_\_\_\_\_

**Strategies:** \_\_\_\_\_

**Long Term:** \_\_\_\_\_

**Time Table:** \_\_\_\_\_

**Strategies:** \_\_\_\_\_

We have discussed pre-existing family plans from:  EHS  ECI  Other: \_\_\_\_\_

There was no pre-existing plan from another agency.

We have discussed transition options and it will be further discussed in the Spring semester.

***Texas Health Steps Exam status:***

Current for 90 days  Needs Head Start assistance  Appointment scheduled: \_\_\_\_\_

***Dental Exam status:***

Current for 90 days  Needs Head Start assistance  Appointment scheduled: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

**Follow up:** \_\_\_\_\_