Family Partnership Agreement Tracking Form

Name of Child: _____DOB of Child:_____
Name of Parent: _____Name of Site: _____
Family Worker:_____

This form should be updated on a (minimum) monthly basis

FPA Goal #1	

Date:	

☐ Little/No Progress ☐ Moderate/Yes Progress ☐ Goal Achieved ☐ Not applicable

	Family will set new FPA goals – See attached document
	Family will continue working on previous goals from FPA # _____

FPA Goal #1	

Date:	

☐ Little/No Progress ☐ Moderate/Yes Progress ☐ Goal Achieved ☐ Not applicable

	Family will set new FPA goals – See attached document
	Family will continue working on previous goals from FPA # _____

FPA Goal #1	

Date:	

☐ Little/No Progress ☐ Moderate/Yes Progress ☐ Goal Achieved ☐ Not applicable

	Family will set new FPA goals – See attached document
	Family will continue working on previous goals from FPA # _____

Family Partnership Agreement Form:

Name of Child: _____DOB of Child:_____
Name of Parent: _____Name of Site: _____
Family Worker:_____

1. Family Goal

2. Steps that will be taken to accomplish this goal:
A)
B)
C)

3. Strategies and/or resources that will be totalized:
A)
B)
C)
D)

4. Who will be responsible for each action step in achieving this goal:	
Parent/Staff/Organization	Step
A)	
B)	
C)	

5. Timetable for when each action step is expected to be:
A)
B)
C)

Parent Signature: _____ Site Rep Signature: _____
Print Parent Signature: _____ Print Site Rep Name: _____

Family Partnership Agreement Contract:

Name of Child: _____DOB of Child:_____
Name of Parent: _____Name of Site: _____
Family Worker:_____

Family Strengths Assessment

Our family has strengths that we can use to achieve our goals. Some of these strengths are:

	Parenting		Family Values		Family Activities
	Caring		Creativity		Art Projects
	Flexible		Helpfulness		Cooking
	Positive Discipline		Honesty		Eating Meals
	Experience		Kindness		Family Meetings
	Patience		Love		Family Outings
	Organized		Respect		Playing Games
	Consistent		Responsibility		Reading/studying
	Stress Management		Humor		Sports
	Other_____		Other:_____		Other:_____

Pre-existing Family Plans with other Community-Based Organizations:

If there is a pre-existing plan, please sign a Release of Information Form to be retained in the family folder.

Name of Organization: _____
Address: _____
Contact Person: _____
Reason for Affiliation: _____

Statement of Partnership Agreement:

All My Children Day Care Staff and parent member(s) of All My Children Day Care agree to work TOGETHER on an ongoing basis to develop and implement an individualized Family Partnership Agreement for identifying and achieving the family goals and aspirations. This document will be reviewed and revised when necessary. Referrals and follow-up efforts will be logged on contact notes. The assessment of progress and outcome measures will be recorded and tracked in the All My Children Family Worker Files/Child's Folder.

Parent Signature: _____ Family Worker Signature: _____
Print Parent Signature: _____ Print Family Worker's Name: _____