Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an existing plan for your family made with other community agencies? Yes No

If yes, please identify agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission for CCT Head Start to obtain this document? Yes No

**Family Engagement Outcome Category (Select only one):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Family Well-being |  | Parent-Child Relationships |  | Family as Lifelong Educators |  | Family as learners |
|  | Family Engagement in Transition |  | Family Connection to Peers and community |  | Families as Advocates and leaders |  |  |

|  |
| --- |
| Individualized Family Outcome Goal: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individualized Family Outcome Goal **Steps:** | Person Responsible | Date Due | Date Complete | Contacts/Comments |
|  |  |  |  |  |

Goal Met: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Discontinued:\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Family Support Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_