



# INDIVIDUALIZED FAMILY PARTNERSHIP AGREEMENT



Child(ren)Name(s): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Father/father-figure participated?  Yes  No

- Does this family have goals with another agency (i.e. CalWorks, Regional Center Early Start, or Child Welfare Services)?  Yes  No
  - If yes, would the family like to incorporate their goals into this Individual Family Partnership Agreement?  Yes  No
  - May we contact the agency?  Yes (Complete an Authorization to Release Information form)  No

## Goal

Date	General Category (from the Strengths and Needs Screening)	Goal	Expected Completion Date

## Family Engagement Outcome

#1 FAMILY WELL-BEING  <input type="checkbox"/>	#2 PARENT-CHILD RELATIONSHIP  <input type="checkbox"/>	#3 FAMILIES AS LIFE LONG LEARNERS  <input type="checkbox"/>	#4 FAMILIES AS LEARNERS  <input type="checkbox"/>	#5 FAMILY ENGAGEMENT IN TRANSITIONS  <input type="checkbox"/>	#6 FAMILY CONNECTIONS TO PEERS & COMMUNITY  <input type="checkbox"/>	#7 FAMILIES AS ADVOCATES & LEADERS  <input type="checkbox"/>
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Steps to Reach Goal	Expected Completion Date
Family Steps: <i>The family will. . .</i>	
1.	
2.	
Agency Steps: <i>The staff will. . .</i>	
1.	
2.	

I understand that Neighborhood House Association staff will support me in achieving this goal.  
I will meet with staff regularly to discuss my progress towards goals and objectives.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



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Parent/Guardian Name(s): \_\_\_\_\_

## Progress

**1<sup>st</sup> Follow-Up (within 90 days from date goal was set)** Staff Name: \_\_\_\_\_

Date	Progress	Comments	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Goal Achieved		
Next Family Steps: <i>The family will. . .</i>			<b>Expected Completion Date</b>
1.			
2.			
Next Agency Steps: <i>The staff will. . .</i>			
1.			
2.			

**2<sup>nd</sup> Follow-Up (within 90 days from 1<sup>st</sup> Follow-up)** Staff Name: \_\_\_\_\_

Date	Progress	Comments	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Goal Achieved		
Next Family Steps: <i>The family will. . .</i>			<b>Expected Completion Date</b>
1.			
2.			
Next Agency Steps: <i>The staff will. . .</i>			
1.			
2.			