

## FAMILY PARTNERSHIP AGREEMENT FAMILY GOAL SHEET

Child's Name \_\_\_\_\_ Class/Area \_\_\_\_\_  
 Parent (Guardian) \_\_\_\_\_ Parent (Guardian) \_\_\_\_\_  
 Pre-existing Plan? \_\_\_\_\_ Long-Term Goal (Optional): \_\_\_\_\_  
 Short-Term Goal (To Work on During This School Year) \_\_\_\_\_

Plan of Action Steps	Responsibility	Referral	Timeline	Progress	Completed
_____ _____ _____				_____ _____ _____	_____ _____ _____
_____ _____ _____				_____ _____ _____	_____ _____ _____
_____ _____ _____				_____ _____ _____	_____ _____ _____
_____ _____ _____				_____ _____ _____	_____ _____ _____

This Family Goal Sheet reflects a goal that I would like to achieve during this school year. I may set another goal at any time using this process. I will keep in touch with the Family Advocate or Home Visitor as I make progress on each step of my goal.

Date \_\_\_\_\_ Parent (Guardian) Signature \_\_\_\_\_  
 I will assist and encourage the family to achieve the goal identified above.

Parent (Guardian) Signature \_\_\_\_\_  
 Family Advocate or Home Visitor Signature \_\_\_\_\_  
FS-2 Rev. 6/10