### Section 1 - Family Strengths

1. We have enrolled our child in preschool so that he or she can grow and develop socially, emotionally and intellectually and be ready to attend kindergarten, grade school, high school, and college or vocational school.

2. We have agreed to work with our child’s teacher and staff at the Head Start Center to help our family and children grow and prosper.

Please reflect on your answers to the questions on the Family Needs Assessment and choose three things you are already doing to support your child!

3. We are

4. We are also

5. One more thing we are doing is

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**Family Member Signature:** ____________________________________________  **Date:** _____________

**Head Start Staff Signature:** ____________________________________________  **Date:** _____________
### Family Goals

Please reflect on your answers to the questions on the Family Needs Assessment and choose a goal that you are interested in working toward.

#### Meeting #1  Date: _____________

**Set a goal.**

Our family would like to work on...  
(Include referrals, actions, names, phone numbers)

**Steps to take toward this goal:**

(Include referrals, actions, names, phone numbers)

My Head Start family service worker will help us by:  
(Include referrals, actions, names, phone numbers)

I will complete this plan by:  
(date)

Our next meeting or phone call date:  
Family Member Signature: ____________________________  Date: _____________

Head Start Staff Signature: ____________________________  Date: _____________

#### Meeting #2  Date: _____________

**Success we had in completing this goal:**

What worked? What helped?

What challenges or barriers did I face in completing this goal?

What will we try next?  
(Include referrals, actions, names, phone numbers)

My Head Start family service worker will help us by:  
(Include referrals, actions, names, phone numbers)

Our next meeting or phone call date:  
Family Member Signature: ____________________________  Date: _____________

Head Start Staff Signature: ____________________________  Date: _____________
Meeting #3  Date: ______________

What will we try next?
(Include referrals, actions, names, phone numbers)

My Head Start family service worker will help us by:
(Include referrals, actions, names, phone numbers)

Success we had in completing this goal:
What worked? What helped?

Our next meeting or phone call date:

Family Member Signature: ____________________________________________  Date: __________
Head Start Staff Signature: ____________________________________________  Date: __________

Meeting #4  Date: ______________

What will we try next?
(Include referrals, actions, names, phone numbers)

My Head Start family service worker will help us by:
(Include referrals, actions, names, phone numbers)

Success we had in completing this goal:
What worked? What helped?

Our next meeting or phone call date:

Family Member Signature: ____________________________________________  Date: __________
Head Start Staff Signature: ____________________________________________  Date: __________