

# Tri-County Head Start/Early Head Start

## Family Partnership Agreement

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tri County Head Start/Early Head Start is committed to working with you as a partner to help your family access services and resources, and to provide developmentally appropriate education services.

The Tri County Had Start/Early Head Start program agrees to:

1. Assign each family a Family Service Advocate who will:
  - Provide opportunities for you to participate in your child's education and in parent training and meetings.
  - Provide opportunities for you to interact with other Tri County Head Start/Early Head Start parents on a regular basis, including the opportunity for involvement in the program policy making and operations.
  - Work with your family in setting and reaching your goals as written in your Head Start/ Early Head Start Family Goals Plan.
  - Communicate and coordinate with other programs working with you and your family in accordance with Tri County Head Start/Early Head Start Confidentiality Policy (this will include any of the programs or people listed on the Tri County Head Start/Early Head Start consent form).
  - Ensure that your child has the opportunity for health, nutrition, mental health, developmental, and dental screening.
  - Follow up on your child's developmental, behavioral, health, nutritional, or dental concerns and work in partnership with you to assess and address any needs.
  - Assist with problem solving and accessing transportation resources.
2. Provide education services in Head Start/Early Head Start classrooms and educational home visits with on-going support available from Tri County Head Start staff.
3. Provide ongoing assessment of family's satisfaction with Tri County Head Start/Early Head Start services.
4. Provide all services until child transitions out of the Tri County Head Start/Early Head Start program.

(Continued)

# Tri-County Head Start/Early Head Start

## Family Partnership Agreement

As a family partner in Tri County Head Start/Early Head Start, I agree to:

1. Be available to meet with my Family Service Advocate (FSA) at home, workplace, childcare center, the classroom and/or agreed upon location.
2. Call to reschedule when I cannot keep my appointments with a Head Start/Early Head Start staff.
3. Try to participate in parent involvement opportunities such as parent meetings, workshops, policy council, volunteering in my child's classroom and community events.
4. Do my best to follow the family goals plan that we will develop together which identifies goals, priorities, and strategies.
5. Give permission for sharing and exchanging information between Head Start/Early Head Start and other agencies serving my child/family.
6. Ensure that my child regularly attends the program offered by Head Start/Early Head Start in accordance.
7. Communicate with my child's teacher and my Family Service Advocate about any concerns, changes in my work or living situation, or needs for support and information.
8. Ensure that my child receives regular well-child check-ups, immunizations, and follow-ups on identified concerns.
9. Participate in developmental, health, mental health, nutrition, and dental screenings for my child.
10. Participate in two parent/teacher conferences and two home visits per year with my child's teacher.

I have read and discussed the Agreement with my FSA and am willing to enter this partnership with Tri County Head Start/Early Head Start.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Year

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

\_\_\_\_\_  
Date