



Spokane Head Start/ECEAP/EHS

Family Strengths and Partnership Agreement Worksheet (FSPA)

Child _____ Parent(s) _____ Site/Classroom _____

FSPA Date _____ FSPA Update Date _____ FSC Initial _____

<p>Housing</p> <input type="checkbox"/> Housing subsidies <input type="checkbox"/> Homeless/sharing <input type="checkbox"/> Seeking housing	<p>Safety</p>	<p>Health</p> <input type="checkbox"/> IHP <input type="checkbox"/> Special diet <input type="checkbox"/> WIC/Food Stamps/ Food Bank	<p>Mental Health/Sub. Abuse</p>	<p>Transportation</p> <input type="checkbox"/> Car <input type="checkbox"/> Bus	<p>Financial Security</p> <input type="checkbox"/> Credit repair	<p>Family Education at Home</p> <input type="checkbox"/> Credit repair	
<p>Education, Training and Life Goals</p> <input type="checkbox"/> GED/ABE/ESL/AA/BA <input type="checkbox"/> Employment	<p>Referrals:</p>					<p>School Readiness</p>	
<p>Volunteering</p>						<p>Language Promoting Primary</p>	
<p>Transitions</p>						<p>Nurturing Relationships</p>	
<p>Family and Communities</p>	<p>Leadership and Advocacy</p>	<p>Agency involvement:</p>					<p>Child Development / Parenting Skills</p>

Family Engagement Outcomes: Family Well Being, Positive Parent-Child Relationship, Families as Lifelong Educators, Families as Learners, Family Engagement in Transition, Family Connections to Peers and Community, Families as Advocates and Leaders

Rating Scale: 1. Crisis 2. Vulnerable 3. Stable 4. Self-Sufficient 5. Thriving

Family Goal Worksheet (FSPA p.2)

Child: _____

Parent/Family: _____

FSC: _____

Date: _____ **Reviewed:** _____

Make goals **S M A R T**
Specific
Measurable
Attainable
Realistic
Time specific

What is a priority for your family? What do you want or need for your family?

Goal

What can we do to help support your plan? What are specific steps to reach your goal?		
Action steps	Who	When