   **Individualized Family Partnership Agreement**

 **School Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Parent/Guardian Name:** | **Date FPA Established:** |
| **Child’s Name:** | **Date FPA Completed:** |
| **Family Service Worker’s Name:** | **Date closed/discontinued:** |

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| **PFCE Outcome(s)** (Check (X) all that relate to Family Goal) |
|  Family Well­being Parent Child Relationships Families as Lifelong Learners Family Engagement in Transition Family Connections to Peers & Community Families as Advocates & Leaders |
| **Family Goal #1** | Actions/Strategies | Target Date | **Responsible Party or Resource to Assist Parent in Reaching Goal** | **Date Completed** |
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| Resources to use: | I would like to be contacted regarding this information by: (X all that apply) | If goal is discontinued, indicate date/reason below: |
| Parent Meeting | Workshop/Training | Other: (Specify) |
| Written Materials | Support Group | Referral to: |

Parent Signature: Date: Staff Signature: Date:

Monthly contact notes documented in Child Plus and placed in Master File.

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| **Parent/Guardian Name:** | **Date FPA Established:** |
| **Child’s Name:** | **Date FPA Completed:** |
| **Family Service Worker’s Name:** | **Date closed/discontinued:** |

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| **PFCE Outcome(s)** (Check (X) all that relate to Family Goal) |
|  Family Well­being Parent Child Relationships Families as Lifelong Learners Family Engagement in Transition Family Connections to Peers & Community Families as Advocates & Leaders |
| **Family Goal #2** | Actions/Strategies | Target Date | **Responsible Party or Resource to Assist Parent in Reaching Goal** | **Date Completed** |
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| Resources to use: | I would like to be contacted regarding this information by: (X all that apply) | If goal is discontinued, indicate date/reason below: |
| Parent Meeting | Workshop/Training | Other: (Specify) |
| Written Materials | Support Group | Referral to: |

Parent Signature: Date: Staff Signature: Date:

Monthly contact notes documented in Child Plus and placed in Master File.