Family Partnership Agreement For: _____

Start Date:_____	**Focus Area/Goal:**	**Focus Area/Goal:**
Things Family Will Work On This Semester:	1.	1.
	2.	2.
	3	3.
	4.	4.
	5.	5.
Things Staff Will Do to Support the Family This Semester	1.	1.
	2	2.
	3	3.
	4	4.
	5	5.
	Parent Initials:	**Staff Initials:**

Follow-up - How is it going? Date:_____ Staff Initials:_____ _____			
Follow-up - How is it going? Date:_____ Staff Initials:_____ _____			
Follow-up - How is it going? Date:_____ Staff Initials:_____ _____			
Follow-up - How is it going? Date:_____ Staff Initials:_____ _____			