



NINOS, Inc. Individualized Family Partnership Agreement Form

Directions:

Staff will complete at least one Form 2007 for each family, working directly with parents to identify goals and areas of support. During the program year, staff should engage families in meaningful conversations to set goals, record strategies, and note any resources provided. Progress toward these goals should be reviewed regularly, with updates made to reflect changes or new needs. When necessary, strategies should be adjusted to ensure families receive the most effective support. Once completed, the form must be saved in ChildPlus under the Family Service Tab in Attachments to ensure proper documentation and accessibility.

Family Information			
Family Service Worker:	Parent/Guardian Name(s):	ChildPlus FamilyID	
Child's Name(s):	Child's CPID(s):	Program Year:	
Phone Number:	Address:		
Is the father/father figure participating in this IFPA and family goal setting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Strength (please note the initial family outcomes must be completed before establishing an IFPA)			
Strengths (what is going well in your family):			
Family Goal			
What does your family want to achieve:			
Goal Starting Date: ____/____/____		Goal Completion Date: ____/____/____	
Family Engagement Outcome and Indicator this Family Goal is related to (select only one that applies)			
<u>Family Well Being*</u> <input type="checkbox"/> Housing <input type="checkbox"/> Mental Health <input type="checkbox"/> Safety <input type="checkbox"/> Financial Stability <input type="checkbox"/> Transportation <input type="checkbox"/> Basic Needs <input type="checkbox"/> Health <input type="checkbox"/> Crisis Intervention		<u>Positive Parent-Child Relationships</u> <input type="checkbox"/> Parent Engagement <input type="checkbox"/> Father/Father Figure Engagement <input type="checkbox"/> Parenting Skills	
<u>Families as Lifelong Educators</u> <input type="checkbox"/> Parent/Child Activities <input type="checkbox"/> School Readiness Classroom		<u>Families as Learners</u> <input type="checkbox"/> Basic Life Skills <input type="checkbox"/> Family Language & Literacy	
<u>Family Engagement in Transitions</u> <input type="checkbox"/> School Readiness Transition Activities <input type="checkbox"/> Child Developmental Milestones		<u>Family Connections to Peers and Community</u> <input type="checkbox"/> Community Resources <input type="checkbox"/> Volunteerism	
<u>Families as Advocates and Leaders</u> <input type="checkbox"/> Parent Committee/Policy Council <input type="checkbox"/> Advocacy and Leadership Skills		<u>Important Note:</u> *Please note that family well-being should include an outside agency referral attached to the IFPA.	
Action Plan			
Steps to Achieve a Goal	Resources/Support Needed	Target Date	Progress Notes
1.			
2.			
3.			
4.			
5.			
Agreement			
The family and Head Start staff agree to work together toward the goals identified above. Progress will be reviewed throughout the year.			
Parent/Guardian Signature: _____ Staff Signature: _____ Date: ____/____/____			