

CHILD/FAMILY _____
 CLASS _____

FAMILY GOALS SHEET

Is there a pre-existing plan in place with another agency? Y N
 If yes, please attach.

FAMILY GOAL <i>List goal identified by family.</i> READING TO CHILDREN AT BEDTIME 3 - 5 TIMES/WEEK FOR 10 - 20 MINUTES	EXPECTED COMPLETION: <div style="text-align: center;"><u>5 / 04 /</u></div> ONGOING
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ACTION PLAN

What needs to be done to achieve goal?	Person responsible	Expected completion:
1. GET BOOKS; LIBRARY, BOOKSTORE, BORROW FROM FAMILY & FRIENDS, HEAD START CLASSROOM (INPUT FROM KIDS ON WHAT THEY LIKE)	MOM AND DAD	11 / 27 /
2. SCHEDULE NIGHTS TO READ ON A WEEKLY BASIS (WORK AROUND CHURCH/WORK/SCHOOL OF MOM & DAD, KIDS' ACTIVITIES)	MOM	/ / SUNDAY EVENINGS
		/ /
		/ /

PROGRESS <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 20%;">GOAL ACHIEVED</th> <th style="width: 20%;">NO LONGER APPLICABLE</th> <th style="width: 30%;">ASSESSMENT DATE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[X]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;"><u>11 / 14 /</u></td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[X]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;"><u>1 / 9 /</u></td> </tr> <tr> <td style="text-align: center;">[X]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;"><u>2 / 28 /</u></td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[X]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;"><u>4 / 6 /</u></td> </tr> </tbody> </table>	YES	NO	GOAL ACHIEVED	NO LONGER APPLICABLE	ASSESSMENT DATE	[X]	[]	[]	[]	<u>11 / 14 /</u>	[]	[X]	[]	[]	<u>1 / 9 /</u>	[X]	[]	[]	[]	<u>2 / 28 /</u>	[]	[]	[X]	[]	<u>4 / 6 /</u>	AGENCY REFERRAL ONLY <i>Were services adequate? Did they meet my needs?</i>
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COMMENTS

NOV 14; FAMILY READING FOR 1 1/2 WEEKS
 JAN 9; HOLIDAYS INTERRUPTED READING 'BIG TIME'. PARENTS NOT WORRIED; FAMILY DID ACTIVITIES THAT MADE MEMORIES.
 FEB 28; FAMILY BACK TO READING. BUSY TIME OF YEAR --- READING 2 - 3 TIMES/WK
 APR 6; 'GOOD THINGS' HAPPENING. FAMILY CLOSER --- LESS FIGHTING, MORE CONSIDERATE. OLDER KIDS READ TO YOUNGER AT TIMES. MOM SAYS THIS IS A HABIT HERE TO STAY.

Parent(s) Signature _____ **Date** October 17, _____

Advocate Signature _____ **Date** _____

FCP Mgr. Signature _____ **Date** _____