

## Family Partnership Agreement Part I

### Parent/Guardian & Family Advocate Agreement

<b><i>Parent(s)/Guardian(s): Please read and initial each statement to show your agreement.</i></b>	
	I will drop off and pick up my child from the center/school on time every day.
	My child will attend school every day unless he/she is ill or there is a family emergency. I will notify classroom staff if my child will not be present.
	I will, whenever possible, schedule my child's appointment around his/her classroom hours.
	If I have concerns about my child in the classroom, I will speak to the classroom teacher.
	If I have concerns about the Head Start program or my work with the Family Advocate, I will speak to my Family Advocate or the appropriate Manager.
	For my child's safety, I will notify Head Start staff of any phone number and/or address changes within one business day.
	<u>For Head Start only:</u> I understand that many children need bus transportation, so if my child is using the bus and no longer needs it, I will notify Head Start staff as soon as I know this is the case.
	I will inform Head Start staff as soon as my child starts any new medication.
	I will work with my Family Advocate to set family goals and set steps in order to reach them.
	If I need to reschedule my home visit, I will call my Family Advocate in advance.
	I will conduct myself respectfully towards Head Start staff at all times.
	I agree to enter into a partnership agreement with my Family Advocate about my active participation as a parent in Head Start. I understand that this includes participating in at least 4 home visits, 2 family conferences, monthly family meetings and other parent involvement activities.

<b><i>Family Advocate: Please read and initial each statement to show your agreement.</i></b>	
	I will provide to your family support and information about health, nutrition, education, mental health, dental and community services and give you notices of Head Start meetings, trainings, and other events.
	I will actively assist you in reaching your Family Partnership goals
	I will ensure that information about your child and family is confidential unless there is a risk of harm to someone and then I will notify only the appropriate authorities and Head Start involved with your child and/or family.
	I will remain in regular contact with my supervisor and other competent resources for support and ideas that inform my work with your family.
	I will respond to your phone calls or requests within one business day unless I indicate otherwise to you.
	I will conduct myself respectfully and professionally towards you at all times.
	I will seek feedback from you about how our work together is progressing.
	I will keep the best interests of your child and family in mind in all my work with your family.

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Family Advocate: \_\_\_\_\_ Date: \_\_\_\_\_