

**CONFIDENTIAL**

Twin Rivers Unified School District  
Early Childhood Development Center

**Family Partnership Profile**

Headstart Standards-1304.40(a) (1) (a) (2)

**Enrollment Status:**

Teacher: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
Head Start \_\_\_\_\_ State \_\_\_\_\_  
New \_\_\_\_\_ Returning \_\_\_\_\_  
Enrollment Date \_\_\_\_\_  
FSW: \_\_\_\_\_  
To be completed by Staff

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Your Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

Relationship to Child:  Parent  Grandparent  Foster Parent  Other \_\_\_\_\_

Do you have other children attending this school:  Yes  No Names: \_\_\_\_\_

Number of parents living in the home:  Two Parents  One Parent

Are you currently: Working  Yes  No Going to School  Yes  No Spouse/Partner: Working  Yes  No Going to School  Yes  No

What type of Housing does your family currently live in?  Own  Rent  Section 8/Subsidized

House  Apartment  Duplex  Mobile Home  w/Family, Friend  Motel  Shelter  Homeless

How many times have you moved in the last 2 years?  None  Once  Twice  Three  Four or more

**WHAT SPECIAL SKILLS DO YOU HAVE?**

Working with Children  Painting  Arts/Crafts  Dance/Music  Storytelling

Working with Adults  Auto Mechanics  Typing  Computers  Carpentry  First Aid

Sewing  Writing  Planning  Business  Early Childhood  Other

Does your family receive any of the following types of service? Please check all that apply.  Preexisting Plan with other Agency

TANF/CAL Works  Food Stamps  Social Security (SSI)  Unemployment  Child Support  Family Preservation  Probation

Energy Assistance  Alta Regional Center  WEAVE  WIC  Section 8/Housing Assistance  Child Action

**What information or services would you be interested in receiving? Please check all that apply. E=EMERGENCY I=INFORMATION**

NO needs at this time

**EMERGENCY/CRISIS**

<b>E I</b>	<input type="checkbox"/> Food	<b>E I</b>	<input type="checkbox"/> Mental Health Counseling	<b>E I</b>	<input type="checkbox"/> Job Search
<input type="checkbox"/> Clothes	<input type="checkbox"/> (Severe depression, Stress, Family)	<input type="checkbox"/> Parenting (Child dev, discipline, classes)	<input type="checkbox"/> Legal	<input type="checkbox"/> College	<input type="checkbox"/> Budget
<input type="checkbox"/> Housing	<input type="checkbox"/> Child Abuse Prevention	<input type="checkbox"/> Health (Ed, Med, Dental)	<input type="checkbox"/> Incarceration	<input type="checkbox"/> GED, HS	<input type="checkbox"/> Cooking
<input type="checkbox"/> Utilities	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Male Involvement	<input type="checkbox"/> Computer	<input type="checkbox"/> Pre-K
<input type="checkbox"/> Alcohol/Drug	<input type="checkbox"/> Transportation		<input type="checkbox"/> Child Support	<input type="checkbox"/> Vocational	Home activities
<input type="checkbox"/> RT, Car pool, car-seat			<input type="checkbox"/> Child Care	<input type="checkbox"/> Adult Basic Ed.	<input type="checkbox"/> Library

**FAMILY ISSUES**

**EDUCATION/EMPLOYMENT/TRAINING**

**Intake Information**

**Orientation/FOLLOW-UP**

Parent's Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initial: \_\_\_\_\_ Date Received: \_\_\_\_\_ FSW's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WHITE-FPA File PINK-Teacher/Class File YELLOW-Parent

Twin Rivers Unified School District

**CONFIDENTIAL**

Early Childhood Development Center

Family Partnership Goal Planning Follow-Up

Today's Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

*Headstart Standards-1304.40(a) (1) (a) (2) 90 days to complete with follow-up 2-3 times a year.*

Please Identify Goals/Plans that you have for your Family	List the strategies you use or plan to use in order to meet these goals	TIMETABLE (exp. 3-6 months, 1 year)	Staff Responsibility(s) How can we assist and/or support you in reaching these goals?	TIMETABLE (exp. 3-6 months, 1 year)
1.				
2.				
3.				

Please Identify Goals/Plans that you have for yourself	List the strategies you use or plan to use in order to meet these goals	TIMETABLE (exp. 3-6 months, 1 year)	Staff Responsibility(s) How can we assist and/or support you in reaching these goals?	TIMETABLE (exp. 3-6 months, 1 year)
1.				
2.				
3.				

How would you like to be contacted regarding this information?  Meeting/Workshop  Written Materials  Classes for Parents  Other \_\_\_\_\_  
Referral to \_\_\_\_\_

Overall Comments \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Translator's Signature \_\_\_\_\_ Date: \_\_\_\_\_

FSW Signature: \_\_\_\_\_ Follow-Up Date \_\_\_\_\_