 **Early Head Start** **Family Partnership Agreement**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Family Specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Congratulations! You have been selected to take part in our Early Head Stat program.** Your Early Head Start home visitor will support **you as your child’s most important teacher** through home visits and playgroups.

As your home visitor, *it is a privilege to be invited into your home each week*! It is my responsibility to support your family and child development goals. I will:

offer you many ways to join in the program

give support in your home language

always keep confidentiality

offer activities that support your relationship with your child

offer 46 visits a year, and support attendance by letting you know if I need to reschedule to another day

help identify needs, interests, strengths and goals that support your family’s well-being

support, link and partner with community resources and agencies as requested

team with agencies you partner with to support shared goals

support your child and family’s physical, mental and emotional health

As my child’s first and most important teacher, I understand:

playgroups can be important growth experiences for my child. If I have trouble attending, I will partner with my home visitor regarding supports I might need

sharing information about my family and child with my home visitor will support goal progress

we will need a space to meet our home visitor that is free from interruptions such as phone and tv

my participation, using home materials whenever possible, is an important component of the activity we have chosen with our home visitor

weekly home visits will help my child learn and be ready for school

the importance of regular attendance (90%) and will complete an Attendance Success Plan if supports are needed.

if at any time the program does not fit into my schedule, or attendance cannot be maintained, my child may be placed back on the wait list.

my home visitor will support, link and partner with community resources and agencies when requested

a healthy child is ready to learn and grow! Hearing and vision screenings, updated immunizations, well child checks and dental care for my child are requirements to be part of this program

a supervisor/coach may come with my home visitor and may contact you for program information for continued program improvement

Parent Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EHS Staff Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7/23 Reference: 1302.50, 1302.51, 1302.52, 1302.53 EHS & HS Teams/EHS/Forms/Enrollment