

Early Head Start Family Partnership Agreement

Family Name: _____ **Child Family Specialist:** _____

Congratulations! You have been selected to take part in our Early Head Start program. Early Head Start is a home visiting program designed to support you as your child's first and most important teacher. Through weekly home visits and parent-child socialization groups, your family will partner with our team to support the development of your young child. ***Your role is to be your child's first and most important teacher and we are here to support your family along the way.***

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 through weekly home visits, developmental screenings, and socializations. I will:

- wear a mask to protect the health and safety of children, staff and families
- offer you many ways to join in the program
- give support in your home language
- ensure you have a safe place to share personal information and keep confidentiality at all times
- offer activities that support your relationship with your child
- support regular attendance by letting you know if I need to change a home visit as soon as possible and try to change it for later that week
- identify needs, interests, strengths and goals that support your family's well-being
- support, link and partner with community resources and agencies
- team with agencies you partner with to support shared goals
- support your child and family's physical, mental and emotional health
- support parenting through Your Journey Together activities

As my child's first and most important teacher I understand:

- masks are required for all persons over the age of two to reduce the transmission of COVID-19
- that socialization opportunities are a part of the program and are important growth experiences for my child. If I have trouble attending, I will talk to my home visitor about what supports I may need
- sharing information with my home visitor can support goal progress
- I will provide a space to meet that is free from interruptions such as phone and television
- I will participate in the activities I have chosen with my home visitor
- weekly home visits will help my child learn and be ready for school
- if I am unable to keep my weekly home visits on a regular basis, I will complete an Attendance Success plan
- if at any time the program no longer fits my schedule, and attendance cannot be maintained, my child may be placed back on the wait list
- identifying needs, interests, strengths and goals will support my family's well-being
- my home visitor will support, link and partner with community resources and agencies with my permission
- my home visitor will partner with agencies I work with to support shared goals with my permission
- a healthy child is a child that is ready to learn and grow! Hearing and vision screenings, immunizations, well child checks and dental care for my child are requirements to be part of this program

At any point during the program year, a Program Services Coordinator may come with your home visitor to your home and may contact you for program input. You are welcome to contact the Program Services Coordinator at any time with questions or feedback. Thank you for being part of Early Head Start!

Parent Signature/Date: _____ 2nd yr Initial/Date: _____ 3rd yr Initial/Date: _____

EHS Staff Signature/Date: _____ 2nd yr Initial/Date: _____ 3rd yr Initial/Date: _____