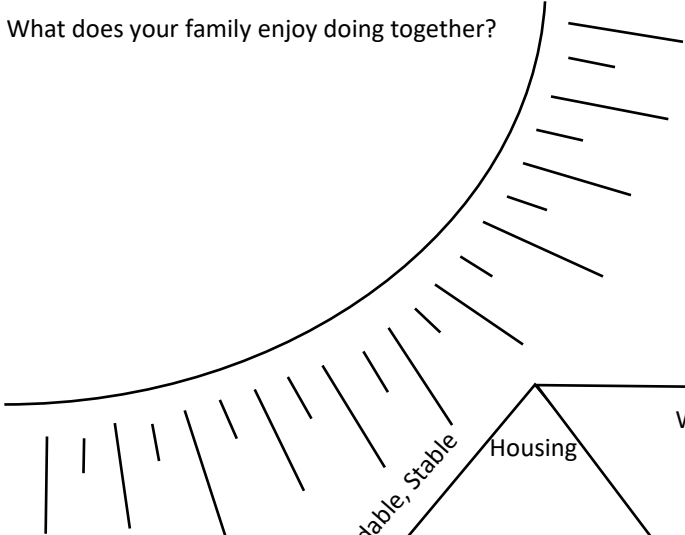


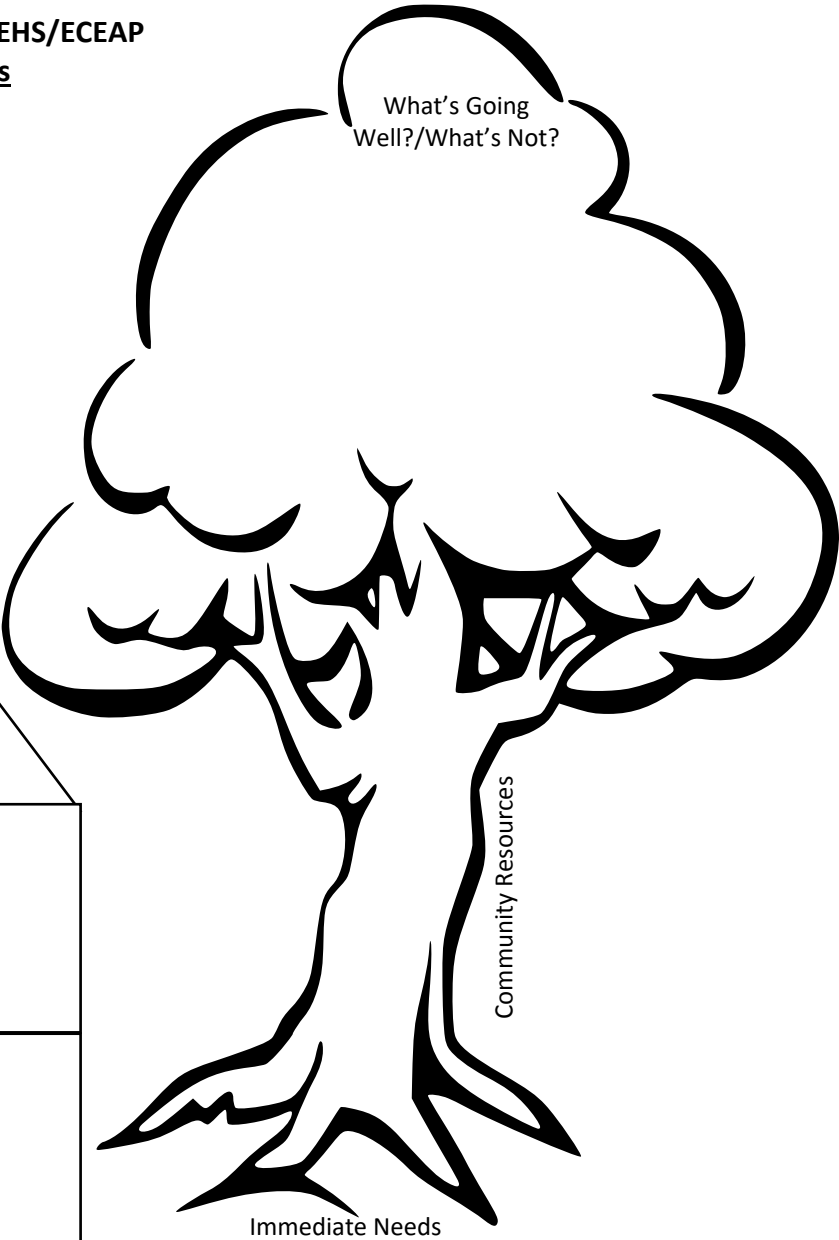
Child's Name: _____
Parent's Name: _____
LOC ID: _____

Lower Columbia Head Start/EHS/ECEAP
Family Connections

What does your family enjoy doing together?



☐ Safe, Affordable, Stable	Housing	Work/Education
	Rent / Own ☐ ☐	
Family and Pets		Legal
		Transportation
Foundation: Family Support/Community		



Family Connections: Needs and Interests

This tool will help us gather more information about your family and help us provide you with resources you may need.

1. **Needs** are essential requirements for survival. These are things that we may be able to help you with that need immediate attention. The needs you identify will require follow up from us until they have been met or are no longer necessary.
2. **Interests** are things you'd like more information about. Interests you identify may also help us plan parent training topics and family events.

Note: See Family Engagement Procedure, including the Referrals, Resources and Follow-up for more guidance.

*For Program Information Report (PIR) – HS/EHS only Check all that apply	Need	Interest	2 nd Year	3 rd Year	Notes
Family Well-Being					
Budgeting/Money Management/Credit Repair*	☐	☐	☐	☐	
Car Seat Clinic	☐	☐	☐	☐	
Child Care	☐	☐	☐	☐	
Child Support Assistance	☐	☐	☐	☐	
Clothing Resources*	☐	☐	☐	☐	
Counseling Resources – Family/Individual*	☐	☐	☐	☐	
Domestic Violence Information	☐	☐	☐	☐	
Family Dental/Oral Health/Medical/Medicaid*	☐	☐	☐	☐	
Family Fitness Ideas	☐	☐	☐	☐	
Healthy Eating/Nutrition* (Food Resources*)	☐	☐	☐	☐	
Holiday Support	☐	☐	☐	☐	
Housing Resources	☐	☐	☐	☐	
Incarcerated Parent*	☐	☐	☐	☐	
Legal Resources	☐	☐	☐	☐	
Stress Management/Self Care* (Promoting Positive Mental Health*)	☐	☐	☐	☐	
Substance Misuse Information/Treatment*	☐	☐	☐	☐	
Transportation (bus, gas)*	☐	☐	☐	☐	
Positive Parent/Child Relationships					
Help with Routines (bedtime, morning, etc.)	☐	☐	☐	☐	
Positive Parenting Practices* (Conscious Discipline Information*)	☐	☐	☐	☐	

	Need	Interest	2 nd Year	3 rd Year	Notes
Families as Lifelong Educators					
Activities to do at Home					
Child Skill Development (language, literacy, math, social-emotional skills, etc.)					
Toileting					
Families as Learners					
Adult Education (GED, ESL, college, vocational training, financial aid, driver's license)*					
Employment/Job Skill Development*					
First Aid/CPR					
Family Engagement in Transitions					
Early Head Start to Pre-K*					
Kindergarten Information*					
Welcoming New Baby*					
Family Connections to Peers and Community					
Affordable Recreation Activities					
Head Start Committee Opportunities					
Families as Advocates and Leaders					
Health Services Advisory Committee					
Opportunities to Advocate at the State and Local Level					
Parent Policy Council Membership					
Other _____					
Other _____					
Other _____					

☐ I am not interested in any specific topics at this time.

S.M.A.R.T. Goal Map

What are family goals?

Family goals are a collection of goals and dreams that the members of your household want to work together to pursue on a regular basis. Your own goals as a family will be inspired by your family's dreams and ambitions, as well as the collective values that your family holds.

Family goals can range from short term goals, like completing household chores or creating a system to organize a household or commitments to long term goals such as building up a savings account for a family vacation or fostering lifelong healthy habits.

Let's start the journey.

- ☐ Attendance Goal
- ☐ Do you have a goal established with another agency? Name of agency _____
- ☐ ROI signed



SPECIFIC

Our family goal:



MEASUREABLE

What are the steps?

How will you accomplish this goal?



ACHIEVABLE

What supports would be helpful?

What barriers do you expect?



RELEVANT

What will this goal mean for me/my family?



TIME-BOUND

When do we want the goal to be accomplished?

[illegible]