

**Family Partnership Agreement** (Quarterly HV documentation Reach Dane Family Service) Reviewed/Initial Date: WQ: \_\_\_\_\_ SQ: \_\_\_\_\_

<b>Date:</b>	<b>Child's Name:</b>	<b>Parent(s) Name(s):</b>	<b>Child's age:</b>
<p><b>CHECK LIST ITEMS TO REVIEW:</b></p> <p><b>Child:</b></p> <p><input type="checkbox"/>Physicals</p> <p><input type="checkbox"/>Lead</p> <p><input type="checkbox"/>Dental (age2.5)</p> <p><input type="checkbox"/>Dental Follow Up</p> <p><input type="checkbox"/>Vision</p> <p><input type="checkbox"/>Hearing</p> <p><input type="checkbox"/>Transition (age 2.5 -HS Application)</p> <p><input type="checkbox"/>HS- Intent to return letter, 4k registration, sibling application</p> <p><b>Forms:</b></p> <p><input type="checkbox"/>ASQSE/ ASQ3 Updates</p> <p><input type="checkbox"/>Emergency card</p> <p><input type="checkbox"/>Health Condition Alert</p> <p><input type="checkbox"/>Child Care Intake</p> <p><input type="checkbox"/>Other: _____</p> <p><b>Family Services:</b></p> <p><input type="checkbox"/>Family Service Events</p> <p><input type="checkbox"/>Family Outcome Questions</p> <p><input type="checkbox"/>PIR Questions</p> <p><input type="checkbox"/>Other: _____</p> <p><input type="checkbox"/>Other: _____</p>	<p><b>Family Goals:</b> (What do we want to achieve?, what strengths dose the family possess that will support the goal?):</p>		
	<p><b>Step &amp; Strategies:</b> (How are we going to achieve this goal? Resources in place? What needs to be done? Who is responsible for each step?)</p>		
	<p><b>Time Line:</b> (When will we accomplish each step?)</p>		
	<p><b>Progress of Goal's:</b> (What have we accomplished so far? What are our next steps?)</p>		
<b>Comments/Needs:</b>	<p><b>Strengths/Summary:</b></p>		
		Parent signature:	Family Service Provider Signature: