

## Family Partnership Agreement Part I Parent/Guardian & Home Visitor Agreement

<b><i>Parent(s)/Guardian(s): Please read and initial each statement to show your agreement.</i></b>	
	I will be home for each home visit. If I need to reschedule, I will call the home visitor in advance.
	I will make sure that my child and I are dressed and ready to participate in the home visit. I understand the television, computers and loud music should be turned off. I will refrain from using the phone or send text messages. I will also refrain from smoking during the visit.
	I understand that the visit time is just for myself, my child and home visitor. I will ask any non-family members to visit at another time.
	I will participate fully during the home visit. I understand the home visitor will support me in providing experiences that support my child's growth and development and set school readiness goals.
	I will work with my home visitor to develop family goals. We will work together to reach them and discuss supports I may need along the way.
	I fully understand the focus of home visits is to engage and be with my child. I will be aware that my negative reactions and emotions affect my child. Children watch and hear every word you say and feel.
	I will try the new experiences with my child during the week.
	I will attend regularly scheduled "Family Connection Times" with my child. I will join in experiences that are planned, with my child. I understand that this is part of the program and will fully participate. If I am unable to attend, I will contact my Home Visitor to her/him know.
	I understand we will use recyclable items from my home to implement activities during the home visit.
	If I have concerns about the Early Head Start/Head Start program or my home visitor, I will discuss them first with him/her. If I need further support, I will ask for a meeting with the Early Head Start Coordinator.
	I will conduct myself respectfully towards Head Start staff at all times.
	I agree to allow my Home Visitor to videotape our home visits for the purpose of coaching and supervising to improve practice. I understand that after the coaching/supervising has taken place, the videos will be deleted.
	I agree with the Partnership Agreement with my home visitor and understand my participation as an Early Head Start/Head Start parent is critical to my child's school readiness success. I understand that this includes weekly home visits, family conferences, monthly family meetings and other parent involvement activities and events.

<b><i>Home Visitor: Please read and initial each statement to show your agreement.</i></b>	
	I will be on time for each home visit. If I need to reschedule, I will call the parent/guardian in advance.
	I will respond to your phone calls or requests within one business day, unless I indicate otherwise.
	I will conduct myself respectfully and professionally towards you at all times.
	I will assist you in planning and making learning activities during the visit
	I will actively assist you in reaching your family partnership goals. I will share information with you about health, nutrition, education, dental, mental health, and community services/resources.
	I will discuss your child's progress toward school readiness goals with you as the parent/guardian.
	I will participate in staff meetings with the Early Head Start Program Coordinator, Family Service manager and program consultants to ensure our program is meeting your needs.
	I will seek feedback from you about how our work together is progressing.
	I will ensure that information about your child and family is kept confidential, unless there is risk of harm to someone and then I will only notify the appropriate mangers & the Early Head Start/Head Start staff.
	I will advocate for your child and family during your participation in our program

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home Visitor \_\_\_\_\_ Date: \_\_\_\_\_