

East Missouri Action Agency, Inc
A Community Action Agency
HEAD START
"An Equal Opportunity Employer"

PARENT, FAMILY AND COMMUNITY ENGAGEMENT SELF-ASSESSMENT

Family Name _____

Child's Name _____

Date _____

Family Advocate _____

Center _____

A. Ways parents would like to participate:

- | | |
|---|--|
| <input type="checkbox"/> Participate in group socialization activity | <input type="checkbox"/> Help with newsletter |
| <input type="checkbox"/> Attend a class performance that your child is in | <input type="checkbox"/> Assist with field trip (one/year) |
| <input type="checkbox"/> Volunteer in Health Services | <input type="checkbox"/> Volunteer in Social Services |
| <input type="checkbox"/> Contribute to classroom (collect leaves with child for class, bring a pet, etc.) | |
| <input type="checkbox"/> Share knowledge about the following disability: _____ | |

B. Would like to learn more about the following areas:

- | | |
|--|---|
| <input type="checkbox"/> Child development, including disabilities | <input type="checkbox"/> Singles groups |
| <input type="checkbox"/> Child behavior management | <input type="checkbox"/> Serving on Boards/Policy Council |
| <input type="checkbox"/> Nutrition, gardening, canning | <input type="checkbox"/> Alcohol, drug abuse |
| <input type="checkbox"/> Family planning, birth control | <input type="checkbox"/> Simple auto mechanics |
| <input type="checkbox"/> Weight control, grooming, dress | <input type="checkbox"/> Self-protection for women |
| <input type="checkbox"/> First aid, home safety | <input type="checkbox"/> Arts, crafts, hobbies |
| <input type="checkbox"/> Budgeting, wise shopping habits | <input type="checkbox"/> Marriage, family counseling |
| <input type="checkbox"/> Home repairs, maintenance, decorating | <input type="checkbox"/> Mentor |

The above may be provided at parent groups, special groups, or other information made available through referrals. Does parent have any skills in any of the above areas?

C. Immediate needs (See PIR tracking)

D. Other needs:

- Child care
- Adult Basic Ed/GED
- Medical Help
- Personal problems
- Driver's license
- Legal help
- Parenting help
- Vocational or college training
- Employment
- Other

My strengths are:

- Patience
- Reliability
- Flexibility
- Discipline
- Teaching
- Experience
- Other

FAMILY ADVOCATES: PLEASE RETURN TO ASA WITH UPDATES.

Parent, Family and Community Engagement Self-Assessment/Family Partnership Agreement

Family Well-Being (safe, healthy and have increased financial security. e.g., safe home, good nutrition, budgeting, employment)

Positive Parent-Child Relationship (develop warm relationships that nurture child's learning. e.g., positive parenting practices, meaningful interactions such as talking, singing, telling stories, encouraging male involvement)

Families As Life Long Educators (parents observe, guide and participate in everyday learning (home/school/community), e.g., school readiness homework, take to library, read, parks)
What is your comfort level with doing the School Readiness Homework weekly? (not comfortable = 1; very comfortable = 5) 1 2 3 4 5

Families As Learners (parents and families enhance their own education, training and other experience, e.g., continuing education (GED, vo-tech, college), parenting classes, supporting children's education. What can your family contribute to your child's Head Start classroom learning? (Add to Parent Development of the Classroom Curriculum.)

Engagement In Transition (support and advocate for children's development as they transition to new learning environments. e.g., participate in IEP process, talk to child about kindergarten, visit school, kindergarten registration, immunizations, and birth certificate, school clothes)

Family Connections (form connections to peers and mentors, supporting educational enhancement and social well-being and community life. e.g., cluster meeting, parent groups, single groups, community participation)

Families As Advocates and Leaders (participate in leadership development, decision making, or state and community activities. e.g., Policy Council, Health Services Advisory, city councils, school board meetings, PTA, serve on boards)

Pre-existing Family Plans: (AT ENROLLMENT) e.g., P.A.T, FSD, counselors, IFSP (First Steps), home plans _____

Long Term Family Goal: _____

Asset building services (such as financial education, opening savings and checking accounts, debt counseling. Etc.) _____

Parent Signature _____
Parents: Initial just home visit updates.

Date: ___/___/___ Update: ___/___/___ Update: ___/___/___ Update: ___/___/___
Update: ___/___/___ Update: ___/___/___ Update: ___/___/___

Staff Signature _____
Date: ___/___/___ PC / HV Update: ___/___/___ PC / HV Update: ___/___/___ PC / HV Update: ___/___/___ PC / HV
Update: ___/___/___ PC / HV Update: ___/___/___ PC / HV Update: ___/___/___ PC / HV Update: ___/___/___ PC / HV

Family advocates give to ASA to be updated each time. Make copies as needed for updates.