



FAMILY PARTNERSHIP AGREEMENT

What are some of your strengths?

1. _____
2. _____
3. _____

What skills would you most like to learn?

1. _____
2. _____
3. _____

FAMILY GOALS:

My family goal(s) for this year is:

What are the steps needed to achieve this goal?

1. _____
2. _____
3. _____

What barriers might prevent you from achieving your goal?

Family Signature: _____ Date: _____

Teacher/Provider Signature: _____ Date: _____