

## Follow Up Plan for Goals

Center \_\_\_\_\_ Name of Head Start Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

The questions below are to be asked after the families has had time to act on their plan. Some of the goals may have been met and other goals may still be on going depending on each plan.

1) Which goals did you complete? \_\_\_\_\_  
\_\_\_\_\_

2) Which goals did you not complete? \_\_\_\_\_  
\_\_\_\_\_

3) Which goals were the most difficult to complete? \_\_\_\_\_  
\_\_\_\_\_

4) What steps will you take to complete the goals that were unmet? \_\_\_\_\_  
\_\_\_\_\_

5) What were some difficulties you encountered while trying to complete goals? \_\_\_\_\_  
\_\_\_\_\_

Any additional information you would like to share about your plan: \_\_\_\_\_  
\_\_\_\_\_

Sequatchie Valley Head Start, through its contacts, can refer families to outside organizations which address and provide a variety of social services needs. If a family receives material such as clothing, smoke detector, or other material it is important that they use it for its intended purpose. On occasion, a member of the Social Service Head Start Staff may explain what constitutes the appropriate use of an item. Inappropriate use of given items may result in denial of further items.

I understand that this is my plan to achieve and I am responsible for its outcome. I also understand that Sequatchie Valley Head Start Social Services Staff will provide guidance and support when I have clearly shown my actions are consistent with this plan.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

white copy: Center

yellow copy: parent

revised 6/07