

# Follow Up Plan for Goals

Name of Parent/Guardian\_\_\_\_\_

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

Center\_\_\_\_\_

The questions below are to be asked to the family after they have had time to act on their plan. The goal that was set by the family may or may not have been completed in the school year. Please get the family to answer the following questions concerning their goal setting efforts. A copy will be given to the family, and a copy will be sent to the South Pittsburg office. The original needs to be put in the record.

1. Did you complete your goal?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What were some of the difficulties you had completing your goal?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If you did not complete your goal, what steps will you take to complete it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. The Family Partnership Assistants have information that can help you with completing your goals .Is there any information you would like to request?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Staff Initials:\_\_\_\_\_

Date:\_\_\_\_\_