Family/Child Guidance Plan Agreement

Child’s Name_______________________ Program Year _________________

Dear Head Start Parent/Guardian,

Southern Oregon Child and Family Council’s (SOCFC) first priority is to the safety of children. SOCFC is committed to using positive and age appropriate strategies when teaching young children the skills needed to develop social skills and prepare children for Kindergarten.

We would like to meet with you as a team to create a plan to best support your child’s success in the classroom. This meeting will focus on your child’s strengths and develop a plan to guide positive behaviors in the classroom and in the home. We will rely on your input in final decision making to support your child and family. Once the plan is created, your child’s teacher/specialist will meet with you on a monthly basis to review this plan as necessary. You are your child’s first teacher, and your participation in these meetings is important. In between meetings, your child’s teacher/specialist will keep you up to date on progress made and we ask that you communicate any changes you have observed at home.

I will help develop a plan to support my child, and meet with my child’s teacher monthly:

Date of First Planning Meeting: ______________________
Date of First Follow-up Monthly Meeting: ______________________

PARENT SIGNATURE: __________________________________ DATE: ________________

STAFF SIGNATURE: ______________________________ DATE: ________________

Reviewed 9/10/2018
Revised 9/10/2018