

NW HS/EHS Staff and Family Partnership Agreement Part 1

Northwest Early Head Start/Head Start engages families in a partnership process through the Family Partnership Agreement. This collaborative partnership-building with parents is used to establish mutual trust and to identify family goals, strengths, and necessary services and/or support.

Child (ren): _____ Parent (s): _____

Center/Area: _____ Teacher/Home Visitor: _____

EHS/HS Agreement

- I will treat you, your child/children, and your entire family with respect and understanding.
- If it is necessary to cancel or reschedule a home visit, I will make every effort to contact you the day before.
- I agree to be a resource person for you, your child/children, and your family.
- I will respect your privacy concerning confidential information we may share, but comply with regulations and laws regarding mandated reporting of suspect of child abuse or neglect.

Parent Agreement-General

- I agree to complete the required physical and dental exams, and needed immunizations.
- I understand that I can inspect my child's/children's EHS/HS file at any time.
- I understand that Northwest EHS/HS is part of Northwest Community Action, Inc. and that information about my family and child may be shared with other NWCA programs.
- I have been informed that the EHS/HS staff members are mandated to report any suspicion of child abuse and/or neglect to child protection agencies.
- I agree that any picture taken of my child/children may be used in newspapers, newsletters, bulletin boards, displays, NW EHS/HS web page and , or other types of educational publications.

If you disagree, please cross off and explain here explain here: _____

Parent Agreement-Centers (Head Start)

- I understand that my child will participate in developmental screenings.
- I understand that my child may be observed by Northwest's Mental Health Consultant as part of routine classroom observations.
- I agree that my child may participate in health activities at center, including dental, vision and/or hearing screenings and classroom lessons about dental health, keeping your body healthy, nutrition, and safety.
- I agree to keep my child home from center if he/she has been ill within the 24 hours preceding center.
- In case of emergency, I give my permission to Head Start staff to secure or transport to needed medical or dental care if parent/guardian cannot be immediately contacted.
- I give my permission for my child to accompany his/her class on scheduled field trips.
- I agree that my child will be picked up from center by a parent or legal guardian unless otherwise requested by verbal or written permission given by parent or legal guardian. If a verbal request, person must be on the authorization to pick-up list.

If you disagree, please cross off and explain here: _____

Home visits are an essential part of the Head Start and Early Head Start experience for your child and family. Head Start home visits vary, depending on your program option. EHS home visits are 1 ½ hours long each week. Our goal is to create a warm, caring, and respectful partnership with your family. The following guidelines help to create the best and safest learning environment for you, your child and the HS/EHS educator.

Parent Agreement Home Visits

- I will contact their HS/EHS educator if it is necessary to reschedule the home visit.
- I will notify their HS/EHS educator if their child has a fever, diarrhea, or vomiting and child should be free from any symptoms for 24 hours prior to the home visit.
- I will participate in the home visit activities with their child and the HS/EHS educator.
- Adults will keep phone calls/texts, TV, and other outside interruptions and distractions to a minimum.
- Everyone present will be respectful.
- Weapons will be locked or kept in a safe place during the home visit.
- All adults present will be free of the influence of alcohol and non-prescribed mood altering drugs during the home-visit.
- All adults will be fully and appropriately dressed.
- I will limit the number of non-family members present during the home visit.
- I will intervene if there is any inappropriate behavior by adults during the home visit.
- Home Visits may be held at another agreed upon location for safety/health reasons.

If you disagree, please cross off and explain here: _____

Parent Signature _____ Date _____

Staff Signature _____ Date _____