



Baltimore City Head Start

Family Engagement Contract

BCHS wants your child to get the most out of his/her experience in the Head Start program

We ask you to commit to the following:

1. Two educational home visits and two school conferences will be scheduled with you and your child's teacher.
2. Work with a Family Services Coordinator to reach your family goals.
3. Ensure regular, on time daily attendance is essential to long term success in school. Each time your child is absent, you must:
 - a. Call the school office the morning of the absence by 9:00 AM
 - b. Send a note to the teacher on your child's return
 - o If a child is frequently absent (more than one day per month) with no explained reason, he or she may be replaced by another child.
 - c. On time drop off and pick-up: 8:00 AM to 3:00 PM
4. Participate regularly in your child's education.
 - d. Help your child work on a home activity sent home by the teacher
 - e. Volunteer in your child's classroom
 - f. Attend parent meetings and workshops
 - g. Assist on field trips or special events
5. Ensure your my child is up-to-date on the schedule of immunizations, well child and dental exams and to follow-up with the needed treatment.
6. Regularly update the emergency pick-up form
7. Follow the rights and responsibilities as noted in the parent handbook
8. Chose at least one Family Life Practice goals to work this year

Program Staff Will:

1. Maintain confidentiality regarding your child, you and your family.
2. Assist you in locating a doctor and dentist.
3. Connect you to other community resources as requested such as food banks, clothing, energy assistance, as available.
4. Communicate with you on a regular basis about center events and your child's growth and development.
5. Provide family activities that are informative, interactive and fun.
6. Maintain an open door policy and encourage you to visit the center and classroom.
7. Destroy all child's records after 2 years the child leaves the Head Start program.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____



Family Success Road Map

Family Member's Name: _____

Child's Name: _____

Child's Center/Classroom: _____

Date Completed: _____

Welcome to Baltimore City Head Start! We are delighted that your child is a part of our Head Start program.

We look forward to a wonderful partnership to support your child's school readiness together. As outlined in the Family Involvement Contract that you signed when your child enrolled in our program, two of the ways that we support this partnership are:

- 1. To work with you to set goals that will support your child's education at home**
- 2. To help you identify your strengths and skills and work with you to reach your own goals.**

In order to accomplish these two goals, we'd like to learn a little more about your family. We're interested in what you consider your family's greatest strengths as well as areas where you think your family might benefit from some support.

To help us get to know you, we'd appreciate if you would take a few minutes to complete this Family Strengths Self-Assessment. This questionnaire allows us to gather information about your family in many different areas that are critical to your child's healthy development.

All of the information that you provide is strictly confidential and will not be shared with any other families or influence your child's placement in our program. Some of the questions may seem personal. Please understand that we are not asking these questions to pry, but because the information can help us support you in areas where your family might be experiencing stress that can be harmful to your child's development.

If you need assistance filling out this Self-Assessment or have any questions, our family services staff is here to help. Once you have completed the survey, our staff will review and follow up with you to begin to set goals to support you and your child.

Thank you for your time! We are privileged to partner with your family!

A. FAMILY LIFE PRACTICES

Please, read all statements under each category and circle the option that best represents your family situation.

1. Family Routines:

- 0 - My family does not have a regular bedtime or wake-up routine. We rarely eat together as a family. My child often misses school or is late
- 1 - My family follows regular routines less than half of the time. My child sometimes misses school or is late
- 2 - My family follows regular routines most of the time. My child wakes up tired sometimes. He/she get less than 10 hours of sleep per night
- 3 - My child has a consistent wake-up and bedtime routine. My child eats with at least one adult member of the family 5-6 times/week

2. Experience Rich Environment

- 0 - My child is involved in more than 4 hours of screen time each day (TV, video games, phone or tablet); TV is on most of the day. I rarely play games or interact with my child after school or on weekends. My child stays indoor most of the time
- 1 - My child and I sometimes visit the local library, museums or attended community events - at least once in the last 2 weeks. My child is involved in 3-4 hours of screen time (TV, video games, phone or tablet) each day. My child sometimes watches shows that are intended for an adult audience
- 2 - My child and I often attend large family gatherings or go on outings in the community on a regular basis- at least twice in the past 2 weeks. My child and I play educational games or activities at least once a week. My child is involved in 2-3 hours of screen time (TV, video games, phone, or tablet) each day.
- 3 - My child is exposed to lots of activities and experiences to expand his/her language and learn new skills. I limit the amount of time my child spends watching TV and using other electronic devices (video games, phone, or tablet) each day. For families already in our program: My family enjoys completing Home Learning Activities and consistently submit the logs to the teacher

3. Promoting Language and Literacy

- 0 - I don't feel able to read to my child or promote his/her language development. I currently don't have any books at home for my child
- 1 - I sometimes read with my child and engage in other literacy activities in the home about once a week. I don't have a library card and I don't know where the library is located in my neighborhood
- 2 - I often read with my child and engage in other literacy activities more than twice a week. I am interested in getting a library card or I have a card but don't frequently take my child to the library
- 3 - I read with my child almost every day for at least 20 minutes. I regularly practice counting, rhyming, and singing with my child. I have a library card and visit often with my child

4. Positive Discipline

- 0 - I often yell and use physical punishment to manage my child's behavior. I feel that using physical punishment is the only way that my child will learn to behave
- 1 - I sometimes use physical punishment to control my child. I am frustrated that my child "won't listen" at times. My child is frequently in time out. I would like to learn other strategies to manage my child's behavior
- 2 - I rarely use physical punishment to discipline my child. Most interactions with my child are positive. I recognize that managing my child's behavior is not always easy, and I want to learn additional strategies to guide his/her behavior
- 3 - I never use physical punishment to manage my child's behavior. I help my child understand the rationale for rules and family expectations

B. SUPPORT FOR CHILDREN

1. Children with Special Needs

- 0 – My child has a special need and is not receiving any support or services
- 1 – My child has special needs and I am not satisfied with the support he/she receives. I am concerned that his/her needs are not being met
- 2 – My child receives support for special needs and I would like to know more about my rights and types of services available to him/her
- 3 – My child has special needs and I receive strong support from family, friends, and LEA or Part C service providers. Or my child does not have special needs at this time

2. Child Health and Wellness

- 0 – My child has a serious medical condition and is not receiving care that he/she needs for their illness
- 1 – My child doesn't have consistent doctors or dentist and sometimes can't afford care because of lack of insurance
- 2 – My child has medical and dental care and insurance, but I would like to find different doctors or dentists
- 3 – My child has a regular doctor and dentist and high quality medical and dental insurance

C. SELF-SUFFICIENCY

1. Housing/Community

- 0 – I am about to be evicted or in danger of being homeless. OR I am currently homeless
- 1 – I am living with friends or family or in an unsafe or poorly maintained house or apartment. OR I am having trouble keeping up with our current rent
- 2 – I have stable subsidized housing that meets my basic needs. OR I would like to find a nicer house or neighborhood
- 3 – I own a home or maintain a stable rental without housing subsidy assistance

2. Transportation

- 0 – I do not have any way to get around by car or public transportation, which makes it impossible to get to school or work
- 1 – I have trouble getting to work, school, and keeping appointments. I frequently rely on others for rides
- 2 – I have a car or access to public transportation, but sometimes I need help getting to appointments or getting my child to school
- 3 – I have a car or easy access to public transportation

3. Employment

- 0 – I am unemployed and do not have public benefits or help from others to support my family
- 1 – I need help finding employment OR I have been out of work for a long time and have been supporting my family with public benefits and/or help from others
- 2 – I have a job, but would like a better one. OR I have not been working but would like to find a job now
- 3 – My current job provides sufficient income to meet my family's needs and wants

4. Education

- 0 – I cannot read or write in English or native language. OR I cannot find a job because of my education level
- 1 – I need more education to get a better job or to help my children succeed in school
- 2 – I have completed high school or GED, and I would like to further my education. OR I have some college/technical training and I am interested in pursuing more
- 3 – I am fully satisfied with my current level of education. My education allows me to meet employment goals and dreams

5. Child Care

0 – I currently have children not enrolled in an EHS or HS program who do not have child care or the quality of care is very poor. I need child care for them to attend school or go to work

1 – My current child care for my children not in EHS or HS program is not reliable and often falls through

2 – My child(ren) who are not in an EHS or HS program have child care, but I would like to find a higher quality provider or more consistent care

3 – My child(ren) who are not in an EHS or HS program have high quality and stable child care from a Center, school program or relatives

6. Family Finances

0 – We cannot meet basic needs: there is little to no money

1 – Sometimes it is difficult to meet basic needs, we have significant debt and no savings. Sometimes we rely on others to make ends meet

2 – My family relies on a combination of income and/or housing, SNAP, WIC subsidies to meet basic needs

3 – My family lives within a well-managed budget. We have savings to address emergencies, good credit and minimal debt

D. SUPPORT FOR FAMILIES

1. Family Health and Wellness

0 – Our family cannot afford medication for adult family members who are sick. We have an adult family member(s) who currently has untreated medical/dental problem that impairs their functioning or ability to care for their children

1 – Some of the adults in my family have chronic health conditions and are not receiving the medical care they need

2 – We use a local clinic when adults get sick, but do not have insurance or a regular doctor. Some adults in my family have chronic health conditions but are getting the medical care they need

3 – All adults in our family are healthy, are insured and have access to high quality medical care

2. Social Networks

0 – I do not have any friends or family who I could ask for support, who could help me find a job or place to stay or who I would be willing to help if they needed support

1 – My friends and family are not reliable sources of support, rarely would be able to help me find a place to stay or get a job and I am reluctant to support them

2 – I have friends and family I can count on when I have an emergency, who have helped me find a place to stay and/or get a job, and who I support in the same ways when they need help

3 – I have friends and family who I can count on for support all the time, and in all areas of my life, and I am always there to support them

3. Access to Resources

0 – My family needs help with basic needs and we don't know what to do or where to go for assistance

1 – My family doesn't know the community very well and we have limited friends, family, or religious community members to support us

2 – My family has strong social connections, but we would like to learn more about the resources and services available within the community

3 – My family has strong social connections through friends, neighbors, place of worship and community providers. We know where to get help from community agencies when needed

4. Emotional Support

0 – I feel sad and lonely all of the time and I have often thought about hurting myself. I have no one to talk to when I am feeling this way

1 – I often feel sad and lonely. I find it hard to shake off the blues and get going. I am reluctant to talk with others when I am feeling this way. I am currently or in the last year being treated for depression

- 2 – I feel sad and lonely occasionally. It is sometimes difficult to shake off the blues and get going. I have a family member, friend, clergy who I seek out when I am sad/upset. I have previously been treated for depression
- 3 – I feel happy most of the time and I feel fully engaged in life. I have a support network to turn to when I am sad or upset. I have no history and have not been treated for depression

5. Family Relationships

- 0 – I am currently in an abusive relationship. I am fearful of leaving my current relationship
- 1 – My spouse or partner and I have regular episodes of explosive anger that are not resolved quickly. I am often fearful of my partner’s behavior and we are having increasing numbers of angry episodes. I currently have or have recently had an order of protection in place for my spouse or partner
- 2 – My spouse or partner and I sometimes fight and I am interested in gaining skills to communicate better. I am not afraid of my spouse or partner. I have experienced and received help for domestic violence in previous relationships
- 3 – I am in an stable, supportive relationship with my spouse or partner. We are able to resolve disagreements through problem-solving and open communication. I have not experienced domestic violence in previous relationships. I am currently not in a relationship

6. Alcohol and Drug Use

- 0 – Recently a concerned friend or relative has talked to me about my alcohol and/or drug use. I sometimes cannot remember things that happened when I was drinking or getting high
- 1 – I use drugs or alcohol weekly and it sometimes impacts my judgment or my ability to care for my child. I have had previous treatment for alcohol or drug abuse, or I am currently receiving treatment for alcohol or drug abuse
- 2 – I use drugs and/or alcohol on occasion and it does not impact my judgement or my ability to care for my child. There is some family history of drug or alcohol abuse
- 3 – No one in my family uses drugs or alcohol. There is no history of alcohol or drug abuse in my family

Family Assessment Interview Form

Please check any areas in which you would like information or assistance. Throughout the year you will receive information through many different sources such as workshops, presentations, or referrals.

<i>Check if interested</i>	<i>Item</i>	<i>Road Map Check (Staff only)</i>
	Emergency/Crisis Intervention such as meeting immediate needs for Food, Clothing, or Shelter	SS1
	Housing Assistance such as Subsidies, Utilities, Repairs, etc.	SS1
	Mental Health Services for the Family	SF4
	English as a Second Language	SS4
	Adult Education: <input type="checkbox"/> GED <input type="checkbox"/> College Selection	SS4
	Job Training/Resume Writing/Interview Skills	SS3
	Substance Abuse Prevention/Training	SF6
	Child Abuse and Neglect Services	FLP4
	Domestic Violence Services	SF4
	Child Support Assistance	
	Health Education/Presentations	SF1
	Assistance to Families of Incarcerated Individuals	
	Parenting Education	A-1-2-3-4
	Relationship/Marriage Education	SF5
	Asset Building Services: Financial Education, Opening Savings and Checking Accounts, Debt Counseling, etc.	SS6
	Other:	

Training/Presentations sessions: The best time for me to attend: Morning Afternoon Evening