

# Family Success Plan

## **Our commitment to you**

Family and Workforce Centers of America (FWCA) is excited to work with you and your family on your paths to success. We will work on preparing your child for kindergarten in the classroom. But creating a safe and nurturing family environment is also important to your family's success. We will help you achieve your parenting, education and career goals through a variety of programs we offer, or through resources that may be available through your Career Coaches/Advisors.

## **Your commitment to us**

By setting goals and working with us to meet them, you are ensuring the very best experience for your family while you are with FWCA.

One of the first steps in our partnership with you is to create your Family Success Plan. This will be a series of goals you have for your family, and the steps you need to take to meet them while you are with us. You will first take an assessment of where you feel your family is currently in parenting, home and financial areas. From there, your Career Coaches/Advisors will work with you to establish the plan of how you will meet your goals.

After your assessment is complete and your plan is established, your Career Coaches/Advisors will check-in with you periodically to help with any questions or assistance you may need while you are working on your plan. We look forward to working with you to help your family acquire and maintain economic security!





# Family Success Plan

Parent Name: _____	Child(ren) Name(s): _____
Career Coach/Advisor: _____	Date: _____ Child Plus ID: _____
Start Date: _____	ECE: _____

An important first step in FWCA’s partnership with you and your family is an in-depth conversation with your Family Support Specialist or Life Coach. Together, you and your Career Coach/Advisor will set goals and lay out a plan for achieving your goals. Throughout the conversation, you and your Career Coach/Advisor will discuss areas that you consider strengths as well as possible challenges, establishing goals as you go along. We encourage you to take advantage of the programs FWCA offers to support the success of your child and your family.

Each topic that follows is connected to the three main outcomes for family success:

- Your child enters school prepared for success
- Your family creates a nurturing and secure environment for your children
- Your family is connected to other families

We are going to establish working goals for you and your family during this process. We need to make sure you or your family does not have goals with another agency. Do you have a pre-existing Family Success Plan with FWCA? YES / NO

## Family Strengths

Tell us about the strengths of your family. How would others describe your family?

**Family Strengths:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Education

We'd like to start off by asking you about how far you went in school and whether you or others in your family might be interested in going further in your education.

What is the highest level of education you **have completed**?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 6th grade or less                | <input type="checkbox"/> High School Diploma or GED                       | <input type="checkbox"/> Associate's degree         |
| <input type="checkbox"/> 7th – 9th grade                  | <input type="checkbox"/> Career tech or vocational certificate or diploma | <input type="checkbox"/> Bachelor's degree or above |
| <input type="checkbox"/> 10th – 12th grade but no diploma |   |   |

If English is not your first language, how well would you say you speak English?

- |                                     |  |                                      |                                    |   |
|-------------------------------------|--|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Not very well | <input type="checkbox"/> Pretty well | <input type="checkbox"/> Very well | <input type="checkbox"/> English is my first language |
|-------------------------------------|--|--------------------------------------|------------------------------------|---|

Which best describes where you are currently in your educational path?

5	4	3	2	1
Has a professional certification or post-secondary degree.	Is enrolled in post-secondary education or training, or some college credits.	Has high school diploma or GED, and/or has basic English language skills.	No GED or high school diploma and is enrolled in GED program, and/or does not have basic English language skills.	No GED or high school diploma and is not enrolled GED program, and/or does not have basic English language skills.

If you or someone in your household might need or want to pursue education, which type of education is of interest?

GED / HS Diploma	English as a Second Language	Technical school or Trade	College	None
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I would like information on ways that I can enhance my education:

1–No, not now	2–Not sure, maybe later	3–Yes, now	4–Yes and I'd like to set a goal around this
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## Education (cont.)

**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

<p>Family Action Steps:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>FWCA Action Steps:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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**Target Date:** \_\_\_\_\_ **Follow-up:** \_\_\_\_\_

## Parenting

### WARM AND NURTURING RELATIONSHIP

Being a parent can be fulfilling but also challenging. Let's take a look at a few short statements. Please tell me about how often that each statement is true for you. Please be sure to answer each question.

I feel connected with my child.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

My family has daily routines and consistent family rules				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

I am able to soothe my child when he / she is upset.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

I spend time with my child doing what he / she directs, and likes to do.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

My family shows affection for each other.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

## Parenting (cont.)

### KNOWLEDGE & CONFIDENCE

Let's talk about helping your child to learn. Which is the best description:

5	4	3	2	1
I feel <b>confident</b> I know what to do and how to help my child to learn.	I <b>generally</b> know what to do and how to help my child to learn.	<b>Half the time</b> I feel I know what to do and how to help my child to learn.	I <b>struggle</b> with knowing what to do to help my child to learn.	I mostly feel like I <b>am not sure</b> how to help my child to learn.

Let's talk for a moment about your confidence in discipline and what is appropriate for the age of your child. Which is the best description:

5	4	3	2	1
I feel <b>confident</b> in how I discipline my child and that it is appropriate for their age.	I feel <b>mostly confident</b> in how I discipline my child and what is appropriate for their age.	I am <b>somewhat confident</b> of how to discipline my child and what is appropriate for their age.	I am <b>inconsistent</b> with my discipline with my child and am not sure what is appropriate for their age.	I <b>do not feel confident</b> or sure of my discipline with my child and whether it is appropriate for their age.

I would like information on ways that I can improve my parenting skills:

1-No, not now	2-Not sure, maybe later	3-Yes, now	4-Yes and I'd like to set a goal around this
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**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

FWCA Action Steps:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Target Date:** \_\_\_\_\_ **Follow-up:** \_\_\_\_\_

## Engagement in Child's Learning

Think about how much you engage in school and other activities for your child and how well you know your child's teacher. Which of the following best describes your family:

5	4	3	2	1
We <b>actively</b> participate and we know the teacher <b>well</b> .	We <b>have tried</b> to participate and we know the teacher <b>fairly well</b> .	We are <b>new</b> so we are not yet involved but we intend to be.	We are <b>not very</b> involved but we <b>know</b> the teacher.	We are <b>not involved</b> and we <b>do not know</b> the teacher.

I would like information on ways that I can increase my engagement at my child's school.

1-No, not now	2-Not sure, maybe later	3-Yes, now	4-Yes and I'd like to set a goal around this
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**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

FWCA Action Steps:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Target Date: \_\_\_\_\_ **Follow-up:** \_\_\_\_\_

## Healthy Relationships

Are you interested in receiving information on how to improve your friendships or relationship? **YES / NO**



## Stable and Affordable Home

Next we'd like to understand your housing situation. Which most closely describes your family?

5	4	3	2	1
Own our home OR rental housing without any rent assistance.	Renting with rent assistance OR permanently settled with a family member.	In transitional housing OR temporarily doubled up with family or friends.	In an emergency shelter OR have a notice of eviction or foreclosure.	Currently homeless.

Do you have concerns about your housing such as:

*Circle all that apply.*

Safety	Location	Affordability	N/A
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I would like information on ways that I can improve my housing situation:

1–No, not now	2–Not sure, maybe later	3–Yes, now	4–Yes and I'd like to set a goal around this
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**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

**Measurable Indicator:** \_\_\_\_\_

**Family Action Steps:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FWCA Action Steps:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Target Date:** \_\_\_\_\_ **Follow-up:** \_\_\_\_\_

## Financially Secure

Now let's talk a bit about the stability of your family's financial situation. Think about your ability to pay your monthly bills and your ability to put aside some money for savings. Which description below would you say most closely represents your family?

5	4	3	2	1
Able to <b>pay all</b> monthly bills <b>and save</b> a little each month.	Able to <b>pay all</b> monthly bills, but <b>not always able to save</b> .	Able to <b>pay all</b> our monthly bills but <b>not save</b> and we have <b>old bills</b> or debts we're paying off.	Able to <b>pay some monthly bills on time and some late</b> , or make partial payments.	We <b>do not have enough income</b> to meet our needs, such as food, clothing, utilities or needed medicine.

Maybe a different job situation could lead to an improvement in your family's financial or housing situation. If that's true for you, would you like assistance with employment? **YES / NO**

What about job training – are you interested in job training services for employment advancement? **YES / NO**

Do you need any information on child support? **YES / NO**

I would like information on how to improve my financial security and/or meet my family's needs:

1–No, not now	2–Not sure, maybe later	3–Yes, now	4–Yes and I'd like to set a goal around this
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**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

<p>Family Action Steps:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>FWCA Action Steps:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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**Target Date:** \_\_\_\_\_ **Follow-up:** \_\_\_\_\_

Do you have access to safe and reliable transportation that would allow you to do the following?  
 Go back to school /get a different job /bring your child to school every day. **YES / NO**

I would like information on ways that I can improve my transportation:

1–No, not now	2–Not sure, maybe later	3–Yes, now
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## Physically Healthy

Let's talk about your health and the general health of those living in your home. How frequently do health problems get in the way of your and/or other adults in your home ability to work, attend school, or bring your child to school?

5	4	3	2	1
Do not interfere	Rarely interfere	Occasionally interfere	Regularly Interfere	Prohibits us from working or attending school, or getting my child to school

Are there any other health concerns you have, either for yourself or your child(ren)? **YES / NO**

I would like information on ways to be physically healthy and able to get my child to school:

1–No, not now	2–Not sure, maybe later	3–Yes, now	4–Yes and I'd like to set a goal around this
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**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

FWCA Action Steps:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Target Date:** \_\_\_\_\_ **Follow-up:** \_\_\_\_\_

What about your child—do you need any information on your child's health? **YES / NO**

## Mentally Healthy

What about your emotional well-being? How frequently do issues related to emotional well-being get in the way of your ability to work, attend school, or bring your child to school?

5	4	3	2	1
Do not interfere.	Rarely interfere.	Occasionally interfere.	Regularly Interfere.	Prohibits us from working or attending school, or getting my child to school.

Let's talk about a few more specific health and wellness related issues.

Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

3-Not at all	2-Several days	1-More than half the days	0-Nearly Every day
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Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

3-Not at all	2-Several days	1-More than half the days	0-Nearly Every day
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Is anyone in your family currently being treated for depression or substance abuse, or do you have concerns about depression or substance abuse in your household? **YES / NO**

Has anyone in the family experienced any form of physical or emotional harm in any way in the past year? **YES / NO**

Is anyone in your family incarcerated? **YES / NO**

I would like information on ways that I can improve my emotional health and wellness:

1-No, not now	2-Not sure, maybe later	3-Yes, now	4-Yes and I'd like to set a goal around this
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## Mentally Healthy (cont.)

**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps: \_\_\_\_\_ FWCA Action Steps: \_\_\_\_\_

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

Target Date: \_\_\_\_\_ Follow-up: \_\_\_\_\_

## Families Connected to Others

Our last question asks about your connections to people outside your immediate household. Think about your friends, family, or community and how much you can count on them for support.

5	4	3	2	1
I can <b>always</b> count on a friend or family member to give me support, and I can give support back.	I have friends and family I can count on <b>most of the time</b> .	I have friends and family I can count on but <b>only when I'm in a real crisis</b> .	My friends and family are <b>not reliable sources</b> of support.	I <b>do not have</b> any friends or family I can rely on, OR my friends and family are a <b>negative influence</b> .

I would like information on ways that I can increase my connectedness to friends, family and community:

1–No, not now	2–Not sure, maybe later	3–Yes, now	4–Yes and I'd like to set a goal around this
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## Families Connected to Others (cont.)

**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps:	FWCA Action Steps:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**Target Date:** \_\_\_\_\_ **Follow-up:** \_\_\_\_\_

*(If family has set at least one goal skip to the Summary page.)*

We do like to make sure every family is working on **at least one goal**. Thinking back on all we talked about, is there a particular topic you'd like to explore some more with regard to setting a goal? If not, is there anything else you would like your family to work on in the coming months?

**Goal:** \_\_\_\_\_ **Priority #:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps:	FWCA Action Steps:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**Target Date:** \_\_\_\_\_ **Follow-up:** \_\_\_\_\_



## Family Success Plan Signature Page

### Client Participation and Signature:

Does the client agree with the plan, action steps, and target date for completion? YES / NO

Client / Parent / Guardian

Signature

Date

### Program Signatures:

Career Coach/Advisor

Signature

Date



## Goal Summary Page

**Primary Goal #1:** \_\_\_\_\_

First Target Date: \_\_\_\_\_

**Primary Goal #2:** \_\_\_\_\_

First Target Date: \_\_\_\_\_

**Primary Goal #3:** \_\_\_\_\_

First Target Date: \_\_\_\_\_

**Secondary Goal #1:** \_\_\_\_\_

**Secondary Goal #2:** \_\_\_\_\_

**Secondary Goal #3:** \_\_\_\_\_

Education

Parenting

Healthy Relationships

Engagement at School

Stable and Affordable  
Home

Financially Secure

Physically Healthy

Mentally Healthy

Families Connected to  
Others