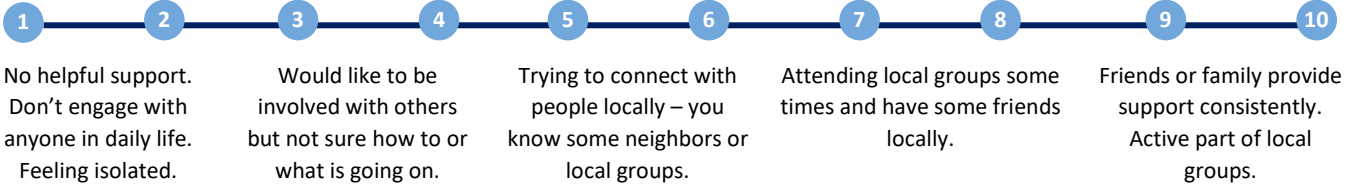


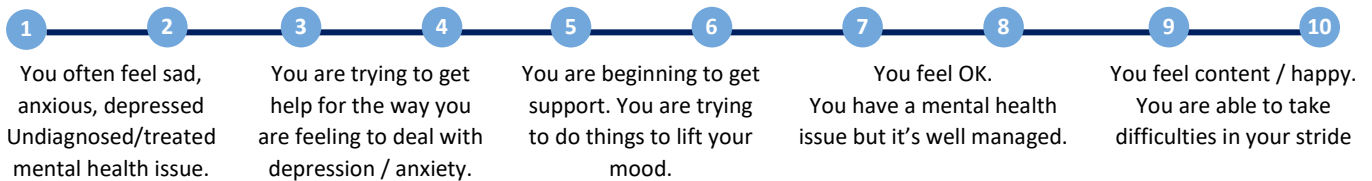
## Family Goals & Outcomes

Family Name	Initial Date (Intake)	Review 1 Date	Final Review Date

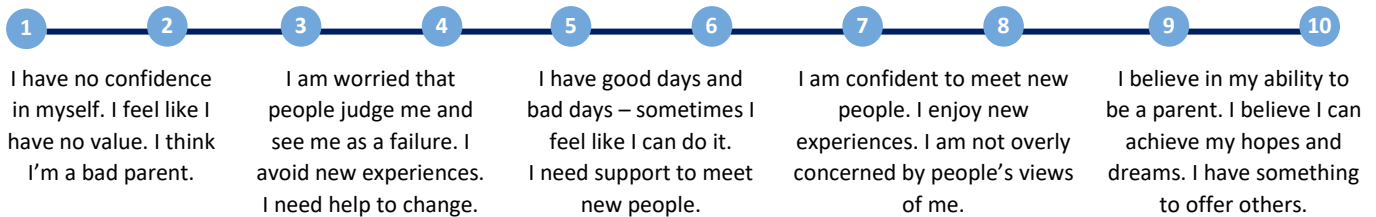
### 1. Social Networks and Support



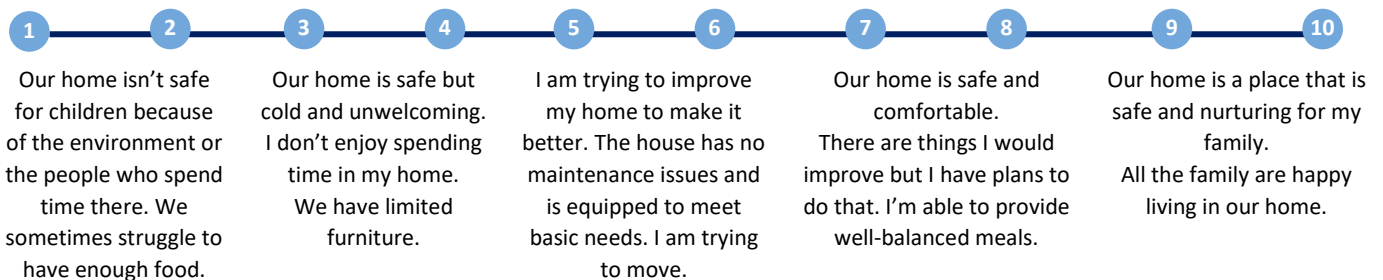
### 2. Your well-being / happiness / emotional health



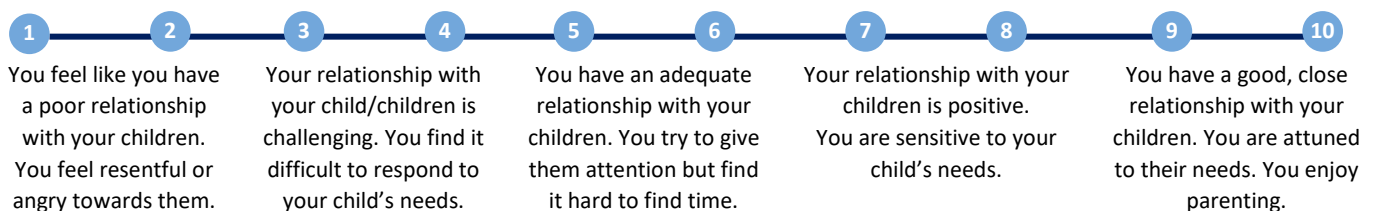
### 3. Confidence / Self- Esteem



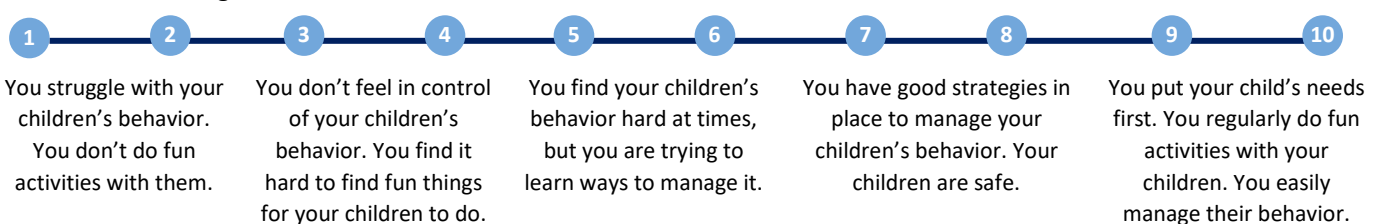
### 4. Your Home Environment and meeting physical needs



### 5. Family Relationships



### 6. Positive Parenting



	Comments	Goals	Support to be Given	Frequency & Duration
<b>Example:</b>	Wants to be a better parent	Learn how to use time outs and positive affirmations	FF will mentor mom in relationally positive discipline techniques	2x a month for 2 hours for 6 months
<b>Social Networks &amp; Support</b>				
<b>Wellbeing, Happiness, Emotional Health</b>				
<b>Confidence and Self Esteem</b>				
<b>Your Home and the Physical Needs of Your Children</b>				
<b>Family Relationships</b>				
<b>Positive Parenting</b>				

<b>Parent/Guardian</b>		<b>Contact Info</b>	
<b>Family Friend</b>		<b>Contact Info</b>	
<b>Family Coach</b>		<b>Contact Info</b>	