FAMILY DEVELOPMENT – EMPOWERMENT PLAN

Do you have hopes and dreams for yourself or your family? Do you wonder what you will be doing next year? Do you worry about the future? Do you wish for something that will make your life happier, easier, or more fun? Is there something from the Family Development Matrix you would like to change or improve? This plan is for you! We are here to support you.

Today's date _____ Family member's name _____ Child's name _____

Revised Date(s) _____

My dream, goal, or plan for change and improvement.

_____

_____

Brainstorm about steps to take and potential obstacles. (Note date each will take place)

My Steps to Take Date

_____

_____

My Strengths that Help Me Achieve this Goal

_____

My Concerns, Potential Obstacles about Reaching this Goal

_____

Steps Sheltering Arms Staff Will Take to Help Date

_____

_____

Family Strengths We See that will Help You Reach Your Goal

_____

Concerns or Potential Obstacles We have about this Goal

_____

Community Services Needed to Help Reach this Goal (check Earn Benefits as a potential resource)

_____

Family Member's signature & date _____

FSC signature & date _____

 Select one of the choices for each item to reflect your current status.

Parent ID Date of Visit

Educational Development

	I have not yet completed high school/GED.	I have completed high school/GED or I am working towards completion.	I have an AA degree or diploma or certificate or I have completed some college.	I have a BA degree or higher or I am on track for a BA or graduate degree.
	☐	☐	☐	☐

Notes

Quality of employment status

	I am not employed at this time.	I am working less than 25 hours per week, no benefits on my job.	I work regularly 25-40 hours week but no benefits on my job.	I work full time, 40 hours week, with benefits.
	☐	☐	☐	☐

Notes

Reading Exposure by Number of Books Read

	Books are not easily available or accessible at my home.	My child is read to at home at least once a week.	My child is read to at home at least 3-4 times per week.	My child is read to at home every day.
	☐	☐	☐	☐

Notes

Engagement With Community Groups/Activities

	I am not sure what community, neighborhood, or religious groups or activities my family or I would be interested in.	I am interested in community, neighborhood, or religious groups or activities but am not involved at this time.	I am involved in community, neighborhood, or religious group or activities of interest to my family and me some of the time.	I am actively involved in community, neighborhood, or religious groups or activities of interest to my family and me. I serve as a leader, officer, teacher or coach.
	☐	☐	☐	☐

Notes

Influence on public policy issues or local systems

	I am not aware of how or when to vote or to take other actions to speak out for children and families in my community.	I am aware of things I can do to speak out for children and families in my community but have not yet participated.	I sometimes vote, occasionally attend neighborhood meetings, and know at least some of the elected officials who represent me at the local, state, and national levels.	I attend public hearings or neighbor meetings, vote, know the elected officials who represent me, and take other actions to speak out for children and families in my community.
	☐	☐	☐	☐

Notes

Community Resources Knowledge

I am not aware of community resources or services that may benefit my family at this time.	I have some awareness of community resources or services that may benefit my family. I would like more information.	I am aware of community resources or services that would benefit my family but location, cost, or other things limit access.	I am aware of and can access community resources that benefit my family as needed.
☐	☐	☐	☐

Notes

Parent's Involvement in Their Children's Program.

My child is enrolled but I am not yet involved.	I am aware of classroom and center activities and thinking about becoming involved.	I am involved in at least one classroom or center activities.	I am involved in more than one classroom or center activities and/or serve as a leader.
☐	☐	☐	☐

Notes

Confidence in Parenting Skills

I am unsure about my parenting skills and want more information about it.	I feel ok about my parenting skills but worry if my child is developing according to his/her age.	I am somewhat confident in parenting skills, but need more information on ages and stages of child development.	I am confident in my parenting skills and I have knowledge about ages and stages of child development.
☐	☐	☐	☐

Notes

Quality of Well-Being and Level of Coping Skills

I find it difficult to bounce back from setbacks; juggle family and work responsibilities and often feel overwhelmed and stressed.	I can bounce back from setbacks but it is hard; I juggle family and work responsibilities but it is stressful for me.	I can bounce back easily from setbacks; I juggle family and work responsibilities with ease 50-75% of the time.	I have a positive attitude most of the time; I am effective in juggling family and work responsibilities; I can recognize and build on my strengths.
☐	☐	☐	☐

Notes

Quality of Social Support System

I do not have too many close family or friends to support me at this time.	I can ask for and receive some support from family and friends in an emergency.	I can count on support of family and friends.	I have an extensive support system of family/ friends who regularly help me as needed.
☐	☐	☐	☐

Notes