

Child(ren) Name(s): \_\_\_\_\_ FES(s): \_\_\_\_\_

**FOOD AND NUTRITION**

|                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| 1 <sup>st</sup> | 1 | 2 | 3 | 4 | 5 |
| 2 <sup>nd</sup> | 1 | 2 | 3 | 4 | 5 |

**HOUSING**

|                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| 1 <sup>st</sup> | 1 | 2 | 3 | 4 | 5 |
| 2 <sup>nd</sup> | 1 | 2 | 3 | 4 | 5 |

**FINANCIAL STABILITY**

|                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| 1 <sup>st</sup> | 1 | 2 | 3 | 4 | 5 |
| 2 <sup>nd</sup> | 1 | 2 | 3 | 4 | 5 |

**FAMILY HEALTH INSURANCE**

|                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| 1 <sup>st</sup> | 1 | 2 | 3 | 4 | 5 |
| 2 <sup>nd</sup> | 1 | 2 | 3 | 4 | 5 |

**TRANSPORTATION**

|                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| 1 <sup>st</sup> | 1 | 2 | 3 | 4 | 5 |
| 2 <sup>nd</sup> | 1 | 2 | 3 | 4 | 5 |

**MENTAL HEALTH**

|                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| 1 <sup>st</sup> | 1 | 2 | 3 | 4 | 5 |
| 2 <sup>nd</sup> | 1 | 2 | 3 | 4 | 5 |

**FAMILY/SOCIAL RELATIONS**

|                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| 1 <sup>st</sup> | 1 | 2 | 3 | 4 | 5 |
| 2 <sup>nd</sup> | 1 | 2 | 3 | 4 | 5 |

**ADULT EDUCATION**

|                 |   |   |   |   |   |
|-----------------|---|---|---|---|---|
| 1 <sup>st</sup> | 1 | 2 | 3 | 4 | 5 |
| 2 <sup>nd</sup> | 1 | 2 | 3 | 4 | 5 |

**Goals/Action Steps**

**GOAL #1:** \_\_\_\_\_

\_\_\_\_\_

What Action Steps do you need to take to reach your goal? List date of expected completion and who is responsible with each step.

1.

2.

3.

FES Support/Resources Provided: \_\_\_\_\_

\_\_\_\_\_

Follow-up (include date): \_\_\_\_\_

\_\_\_\_\_

**GOAL #2:** \_\_\_\_\_

\_\_\_\_\_

What Action Steps do you need to take to reach your goal? List date of expected completion and who is responsible with each step.

1.

2.

3.

FES Support/Resources Provided: \_\_\_\_\_

\_\_\_\_\_

Follow-up (include date): \_\_\_\_\_

\_\_\_\_\_

|  |
|--|
| Parent/Guardian Signature:<br>_____<br><br>Date #1: _____ Date #2: _____ |
|--|