



**Family & Community Services
 Documentation of Non-Participation**

Center _____ Family Service Worker _____

Family Name _____

Child's Name _____ Date _____

Information the family does not wish to provide or participate in:
 (check any that apply)

_____ Individualized Family Partnership
 _____ Goal Statement
 _____ Home Visits
 _____ Mental Health and/or Counseling Services
 _____ Dental Exam/Follow-up
 _____ Physical Exam
 _____ Other (please specify) _____

Family Statement

I understand that completion of forms is part of the work that Head Start Staff members are required to fulfill. I have been asked and encouraged to provide such information that would aid in completing Head Start Family & Community Services documents. However, I do not wish to participate in this process. Please consider my signature below as my decision to refrain from providing the information checked above. I understand that my family's Advocate will have to verify this statement three (3) times during the year.

Parent/Guardian Signature _____

Printed Parent Name _____

Follow-Up Dates to Determine Family Readiness for Participation

2nd date _____ Parent/Guardian Signature _____

3rd date _____ Parent /Guardian Signature _____