**ADVOCACY PROGRAM 🎔 SERVICE PLAN**

 Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Goals for Parent Training** | **OFFICE USE ONLY** |
|  |  |
|  | **Start Date** | **Target Date****(3 months)** | **Date Complete** | **Notes** |
| 1. I want to **increase my knowledge** of: |
| *a.* |  |  |  |  |
| *b.*  |  |  |  |  |
|   | **Start Date** | **Target Date****(3 months)** | **Date Complete** | **Notes** |
| 2. I want to **learn how** to:  |
| *a.*  |  |  |  |  |
| *b.* |  |  |  |  |
|   | **Start Date** | **Target Date****(3 months)** | **Date Complete** | **Notes** |
| 3. To be a more effective advocate, I need to **learn** to:  |
| *a.*  |  |  |  |  |
| *b.* |  |  |  |  |
|   | **Start Date** | **Target Date****(3 months)** | **Date Complete** | **Notes** |
| 4. The **service** I would like my child to receive is:  |
| *a.*  |  |  |  |  |
| *b.*  |  |  |  |  |
|  | **Start Date** | **Target Date****(3 months)** | **Date Complete** | **Notes** |
| 5. Other:  |
| *a.*  |  |  |  |  |
| *b.* |  |  |  |  |

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advocacy Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| *Advocacy skills demonstrated:* | *Date:* |
| *Services received:* | *Date:* |