

COMMUNITY PARTNERSHIPS INFORMATION FORM

Please have your agency partners complete and return this form to you. Please give a copy of the completed forms to the FTL on the first day of the on-site review.

Name: _____

Date: _____

Title: _____

Time: _____

Agency: _____

Please describe your agency's role in the community. What is your role in the agency?

Do you have an interagency agreement with the HS/EHS program? (Circle one) Yes No

Tell us about the partnership you have with this Head Start/Early Head Start program.

How do you communicate and what type of information do you share?

What are the strengths of your partnership?

What do you see as the greatest challenges?

Will you be able to attend the group
Interview in your County?

Circle One

Yes No

Circle One County

Amador Tuolumne