**Keeping on track: Goals for parents**

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| **Caregiver Name:** | **Clinician Name:** |
| Good things I do as a parent that meets my children’s needs: | |
| Some needs that my children have that I’m struggling with: | |
| Some big and small challenges for me being a parent: | |
| People who can give me support as a parent: | |
| My parenting goals: | |