



Sacramento City Unified School District
EARLY LEARNING & CARE DEPARTMENT

FAMILY PARTNERSHIP AGREEMENT
Follow Up (D)

Check one:
HS/State Wrap
TK/State Coll
TK/HS Coll
HS/State Full Day

Child: _____ Parent: _____ Site: _____ Room: _____

Requesting resources ? ... Yes ... No Areas: _____

... No goal at this time

Goal	Strategies
<p>... Goal completed</p>	<p>Parent Strategies toward goal:</p> <p>Staff strategies to support parent:</p>

Parent/Guardian Signature: _____ Date: _____ ...Male ...Female

Parent/Guardian Signature: _____ Date: _____ ...Male ...Female

Teacher's Name: _____ Date: _____

For SCLDate entered into Child Plus: _____	SCL Initials: _____
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