Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

Child's Name:_____ **Birthdate:** _____ **Date of Enrollment:** _____

Site: _____ ☐**AM** ☐**PM** ☐**HS** ☐**SP** ☐**Wrap** ☐**FD** **Teacher:**

Teacher has reviewed:

Emergency Card Information
Family Partnership Worksheet
Past DRDP+ Assessment(s)
Special Concern Form
IEP

Family Information: (i.e., family members in the home, cultural values, additional information)**:**

Child's Strengths & Special Interests:

Parent/Guardian Concerns/Expectations:

Suggestions for Parent Meetings:

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Distribution: **White** – Child's Classroom File **Yellow** – Parent **Pink** – Support Staff