



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
... Goal completed	Parent Strategies toward goal: Staff strategies to support parent:

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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