



Sacramento City Unified School District
 EARLY LEARNING & CARE DEPARTMENT

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

FAMILY PARTNERSHIP AGREEMENT
 GOAL SHEET (C)

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

Do you have interest in education for yourself? ..No interest

	In progress (school or program)	Interest (school or program)
High school/GED		
Associate degree		

Professional certificate/license		
Other:		

Do you want to participate in goal setting? ... Yes ... No

Family Partnership Goal	
Goal should be related to the family engagement outcomes as described in the Head Start Parent, Family, and Community Engagement Framework, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders.	
Goal	Strategies
	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 SCL Date entered into Child Plus: _____ SLO initials: _____