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 SCL Date entered into Child Plus: _____ SCL Initials: _____

Distribution: White – Child's classroom file Yellow – ELC Office Pink - Parent