

## Sacramento City Unified School District EARLY LEARNING & CARE DEPARTMENT

## FAMILY PARTNERSHIP AGREEMENT GOAL SHEET (C)

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

Child:	Parent:		Site:	Room:
Do you have interest in education f	or yourself?	No interest		
	In progress	(school or program)	Interest (school or	program)
High school/GED				
Associate degree	•		1	
Professional certificate/license				

Professional certificate/license	
Other:	

No

Do you want to participate in goal setting? Yes	
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Community Engagement Fra	e family engagement outcomes as desc mework, including family well-being, pa rs, family engagement in transitions, fa advocates and leaders.	rent-child relationships, fan	nilies as l	lifelong		
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:				
ForSCLDate entered into	Child Plus:	SLOnitials:				

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