



Sacramento City Unified School District
Early Learning & Care Department

FAMILY PARTNERSHIP AGREEMENT
END OF YEAR

Check one:

- HS/State Wrap
- TK/State Coll
- TK/HS Coll
- HS/SP Full Day

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

No goal to follow up

Goal	Strategies
<input type="checkbox"/> Goal completed	<i>Parent strategies toward goal:</i>

Parent / Guardian Signature: _____ Date: _____ Male Female

Parent / Guardian Signature: _____ Date: _____ Male Female

Teacher: _____ Date: _____

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