Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

❒ Virtual Home Visit
❒ Conference

Individual Development Plan Orientation

Child's Name:_____ **Birthdate:** _____ **Date of Enrollment:** _____

Site: _____ ☐**AM** ☐**PM** ☐**HS** ☐**SP** ☐**Wrap** ☐**FD** **Teacher:** _____

Teacher has reviewed:

- ❒ Emergency Card Information
- ❒ Family Partnership Worksheet
- ❒ Past DRDP+ Assessment(s) *(if applicable)*
- ❒ Special Concern Form
- ❒ IEP *(if applicable)*

Family Information: (i.e., family members in the home, cultural values, additional information)**:**

Child's Strengths & Special Interests:

Parent/Guardian Concerns/Expectations:

~Educational/Cognitive:

~Social/Emotional/Behavioral:

~Physical (Motor Skills):

Suggestions for Parent Meetings:

Which of these describe your child?

Temperament (check one):

☐ Feisty (high activity, intense reactions)
☐ Flexible (easily adapts, positive mood)
☐ Cautious (slow to warm, needs time)

Learning Style (check one):

☐ Kinesthetic (learns by doing)
☐ Auditory (learns by hearing)
☐ Visual (learns by seeing)

Parent/Guardian Signature: _____ **Date:** _____

Relationship to Child (*check one*): ☐ **Mother** ☐ **Father** ☐ **Aunt** ☐ **Uncle** ☐ **Grandmother** ☐ **Grandfather**

Teacher Signature: _____ **Date:** _____

Distribution: **White** – Child's Classroom File **Yellow** – Parent **Pink** – Support Staff