



Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

FAMILY PARTNERSHIP AGREEMENT
CLOSE OUT

Check one: <input type="checkbox"/> HS/State Full Day <input type="checkbox"/> HS/State Wrap <input type="checkbox"/> HS Part Day AM PM

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

Will / Did Parent complete a grade level, degree, training or license program? Yes No *By Date* _____

No goal to follow up

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

By typing my full name below, I confirm that the above information is true and correct: _____

Date: _____ Male Female

Teacher's Name: _____ Date: _____

For Clerk: <i>Date entered into Child Plus:</i> _____ <i>Clerk Initials:</i> _____
