

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 resou	rces? Yes No Areas:		
☐ No goal at this ti	ime		
Goa		Strategies	
	Parent Strategies toward goal: Staff strategies to support parent:		
☐ Goal completed			
Parent/Guardian Signature:			
Parent/Guardian Signa	ture:	Date:	
Teacher's Name:	Date:		
	For SCL: Date entered into Child Plus:	SCL Initials:	_