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 for yourself? ☐ **No interest**

	In progress (school or program)	**Interest** (school or program)
High school/GED		
Associate degree		
Baccalaureate degree		
Advanced degree		
Job training		
Professional certificate/license		
Other:		

Do you want to participate in goal setting? ☐ Yes ☐ No

Family Partnership Goal
Goal should be related to the family engagement outcomes as described in the *Head Start Parent, Family, and Community Engagement Framework*, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders.

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:* _____

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

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