



Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

**FAMILY PARTNERSHIP AGREEMENT
GOAL SHEET**

Check one:

- ☐ HS/State Full Day
☐ HS/State Wrap
☐ HS Part Day AM PM

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

Do you have interest in education for yourself? ☐ No interest

	In progress (school or program)	Interest (school, program or subject)
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
	<i>Parent strategies toward goal:</i> <i>Staff strategies to support parent:</i>

Parent / Guardian Signature: _____ Date: _____ Male Female

Parent / Guardian Signature: _____ Date: _____ Male Female

Teacher Signature: _____ Date: _____

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