Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

FAMILY PARTNERSHIP AGREEMENT
UPDATE

Check one:
❑ HS/State Full Day
❑ HS/State Wrap
❑ HS Part Day AM PM

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

Requesting resources? ☐ *Yes* ☐ *No* Areas: _____

☐ **No goal at this time**

Goal	Strategies
☐ **Goal completed**	*Parent strategies toward goal:* *Staff strategies to support parent:*

By typing my name, I confirm that the above information is true and correct: _____ ☐ *Male* ☐ *Female*

By typing my name, I confirm that the above information is true and correct: _____ ☐ *Male* ☐ *Female*

*Teacher's Name:*_____ *Date:* _____

For Clerk: *Date entered into Child Plus:*_____ *Clerk Initials:* _____