



Sacramento City Unified School District
EARLY LEARNING & CARE DEPARTMENT

FAMILY PARTNERSHIP AGREEMENT
GOAL SHEET (C)

| |
|---|
| Check one: <input type="checkbox"/> HS/State Wrap <input type="checkbox"/> TK/State Coll <input type="checkbox"/> TK/HS Coll <input type="checkbox"/> 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 | | |

| | | |
|----------------------------------|--|--|
| | | |
| 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: _____ | SLO initials: _____ |
|---|---------------------|