

PARENT PARTNERSHIP AGREEMENT



Urban Community Specialists

Today's Date: _____

Name of Student		Student ID#	
Name of School		Urban Community Specialist	
Name of Parent/Guardian		Name of Parent/Guardian	
Contact #		Contact #	

My goal(s) are:

1. _____
2. _____
3. _____
4. _____

In order to achieve this/these goal(s), I commit to the following:

Action Steps	Timeline
1. _____	
2. _____	
3. _____	
4. _____	

The challenges I expect include:

1. _____
2. _____
3. _____
4. _____

We agree to the goals and action steps and will collectively work with the Urban Community Specialists to overcome challenges to achieve my goal(s).

Parent/Guardian Signature(s)

Date

Student Signature

Date

Urban Community Specialist

Date