

CHILD & FAMILY DEVELOPMENT PROGRAMS
Community Action Team
Individual Child Goal/s & Planning Form

Child's Name: _____ **Date:** _____

Set Goal (*School Readiness Goal / TS Gold™ Objective*): _____

◆ CLASSROOM STRATEGIES & ACTIVITIES: **Completion Dates:**

◆ HOME STRATEGIES & ACTIVITIES: **Completion Dates:**

Parent Signature Date Staff Signature

Review goals and record next steps for this child's development and learning on the Teaching Strategies GOLD™ Family Conference Form.

Conference & Goal Update: _____

Parent Signature Date Staff Signature