Community Action Team, Inc.
CHILD & FAMILY DEVELOPMENT PROGRAMS

Individual Child Goal/s & Planning Form

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

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

_____

♦ **CLASSROOM/HOME VISIT STRATEGIES & ACTIVITIES:**	**Completion Dates:**

_____

_____

_____

_____

_____

_____

♦ **PARENT LED STRATEGIES & ACTIVITIES: (Outside of visits)**	**Completion Dates:**

_____

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_____

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