COMMUNITY ACTION TEAM, INC. CHILD AND FAMILY DEVELOPMENT PROGRAMS Early Head Start Individual Child Goal(s) & Planning Form

Child's Name:		Date:	
Set Goal (School Readiness	Goal/Parents As Teachers I	Learning Objective):	
Home Visitor:	Hom	Home Visit Number:	
♦ HOME VISIT STRATEGIES AND	ACTIVITIES	Completion Dates	
		OI-libra Datas	
♦ HOME VISIT STRATEGIES AND A	ACTIVITIES (Outside of Home v	VISIL)	
		I	
Parent Signature	Date	Staff Signature	
Review goals and record next (to be updated monthly)	steps for this child's developn	ment on Goal Update Sheet	
Goal Updates:			
Parent Signature	Date	Staff Signature	