



Assessment Fall ____ Winter ____ Spring ____

Birth to Five Individual Learning Plan

Child _____ Date _____
Parent/Guardian _____ Signature _____
Staff _____ Signature _____

Fine Motor

Gross Motor

Adaptive

Cognitive

Communication

Social

Goal(s) for this child/family:

School Readiness Goal: (share graph with family and child's progress).

Program Goal: *Read to your child 20 minutes a day.*

Skills the child will need to accomplish goal(s):

Experiences/Activities to help child/family develop and practice skills at home/other:

Experiences to help child develop and practice skills in the Classroom/Family Child Care Homes/Play and Learns:

Date Accomplished _____