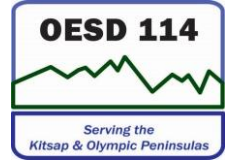




**Olympic Educational Service District 114**  
105 National Avenue North, Bremerton, Washington 98312  
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



Assessment Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_

### Head Start Individual Learning Plan

Child \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
Staff \_\_\_\_\_ Signature \_\_\_\_\_

**Fine Motor**

**Gross Motor**

**Adaptive**

**Cognitive**

**Communication**

**Social**

Goal(s) for this child/family:

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School Readiness Goals: \_\_\_\_\_

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

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

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

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Experiences to help child develop and practice skills in the classroom/Play and Learns/Family child care:

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Date Accomplished \_\_\_\_\_