**Center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attempted Contact Dates: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Visit or Parent Teacher Conference** (Circle one)

**Individualization:** (Circle if applicable) **IEP eDECA-P2 OR Clinical eDECA SPM ISP**

**School Readiness Goal focus area:** (Circle applicable) Social/Emotional Physical Cognitive Language Literacy Math Social Studies Art Science

**Child & Family Individualized Activity**

**School Readiness Child Goal**

**Previous goal status/follow-up: (Write the goal status code that applies: IP – In Progress, C – Complete or CN – Cancelled)**

**Child’s Strengths**:

**New Goal: (1-2 achievable goals)**

**[ ] Tied to IEP Goal**

**Resources Shared with Family/Upcoming Family Engagement Activities**

*This is a “Direct Service” (individualized handouts/discussions based on parent request) Document here and on SS-7*

**100% GSRP Family Goal:**

**Parent/Guardian Input for Classroom**

*Parent/Guardian sharing ideas for activities, recipes, books, materials that reflect their culture and creativity*

**In-Kind Activity**

* Home Visit Length 1.5 hours (check box only if home visit completed outside of the home)
* Parent Teacher Conference Mileage\_\_\_\_\_\_\_
* Home Activity Hours \_\_\_\_\_
* Health Activity Hours \_\_\_\_\_\_\_ Mileage\_\_\_\_\_\_\_\_
* Dental Activity Hours \_\_\_\_\_\_\_\_

Mileage\_\_\_\_\_\_\_\_\_\_

* Mental Health/DECA Hours\_\_\_\_\_\_\_
* IEP, ISP, ECP, Transition Meeting (Individualized Child Meetings)

Hours\_\_\_\_\_\_\_\_ Mileage\_\_\_\_\_\_\_\_

**Check items discussed with family**

* Active Supervision
* Attendance
* Change of Status
* Home Visit Offered
* Health Requirements
* GOLD Assessment
* eDECA-P2 OR Clinical eDECA
* Your Journey Together
* Social/emotional resources
* Pedestrian Safety
* Volunteer/employment opportunities

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature Date**

Distribution: Copy to DMT, original in child’s file

EHS-HS Team\Education-Disabilities\Child & Family School Readiness Plan

7/23

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