|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Community Colleges of Spokane Logo | | | | | | | | | Spokane County Head Start/ECEAP/EHS  Monthly In-Kind Home Learning Plan - Preschool | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| ***“A Parent is a Child’s First and Most Important Teacher”*** | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: | | | |  | | | | | | | | | | | Month & Year: | | | |  | | | | | |
| Individual Goals: | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| See suggested learning activities on back | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Please record how many minutes you spent supporting your child’s learning each day:  5 minutes, 10 minutes, 15 minutes… | | | | | | | | | | | | | | | | | | | | | | | | ***Staff use only*** |
| Monday | | | | | Tuesday | | | | | Wednesday | | Thursday | | Friday | | | | Weekend | | | | | | **Total Minutes** |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | | | Tuesday | | | | | Wednesday | | Thursday | | Friday | | | | Weekend | | | | | | **Total Minutes** |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | | | Tuesday | | | | | Wednesday | | Thursday | | Friday | | | | Weekend | | | | | | **Total Minutes** |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | | | Tuesday | | | | | Wednesday | | Thursday | | Friday | | | | Weekend | | | | | | **Total Minutes** |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | | | Tuesday | | | | | Wednesday | | Thursday | | Friday | | | | Weekend | | | | | | **Total Minutes** |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
| **Monthly Total Minutes** | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent signature: | | | | | |  | | | | | | | | | | | | | | Date: |  | | | |
| Parent Name (Printed): | | | | | | | |  | | | | | | | | | | | | | | | | |
| Home Learning Hours:  (Completed by staff) | | | | | | | | | | | | | | | | | | | | | |  | | |
| Site/Room: |  | | | | | | | | | | | | | | | | Teacher Initials: | | | | | |  | |
| Child’s Name: | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Connecting Goals to Home Experiences**  Parents are the child’s first and most important teacher. The goals of the Monthly In-Kind Home Learning Plan are to support you in this teaching role and to build strong connections between home and school for your child.  You and your child’s teacher have agreed upon and marked some goal-related ideas for you and your child to do together each day at home. Record the time spent completing the activity when you sign-in your child at school. | | | | | | | | | | | | | | | | | | | | | | | | |
| ***With your Teacher, select the activities you will do with your child.*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Social-Emotional:**  Ask your child about their day  Play games involving rules and taking turns  Help your child describe their feelings  Organize play dates for your child  Practice breathing strategies to calm (STAR, balloon, drain, pretzel)  Other | | | | | | | | | | | **Mathematics**:  Count items: steps, trucks, crackers, cereal, etc.  Sorting activities: help put silverware away, sort laundry, etc.  Play games with dice/counting  Create patterns with household items.  Measure and compare items  Other | | | | | **Language/Literacy:**  Sing songs and nursery rhymes together  Read books and talk about the story together.  Look for letters in your environment (signs, food packages, license plates. Etc.  Recognize/name letters in own name  Other | | | | | | | | |
| **Cognitive**:  Play pretend together,  Ask your child open-ended questions,  Match items such as socks or silverware  Search for items in the grocery store  Give 2 and 3-step directions  Other | | | | | | | | | | | **Physical: Large Motor:**  Walk, skip, gallop and hop  Play ball (catch, throw, kick, bounce, roll)  Dance party  Play together at the park or playground.  Other | | | | | **Physical: Fine Motor:**  Cut out pictures from a magazine  Build with Legos/blocks  Help child to zip, button and snap when dressing self  Serving self, using a spoon and fork  Color/draw  Play with Playdough  Other | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Other things I want to share with my teacher…  (Celebrations, interests, skills supported, new developments) | | | | | | | | | | | | | | | | | | | | | | | | |