

## **Spokane County Head Start/ECEAP/EHS** Monthly In-Kind Home Learning Plan – Infant/Toddler "A Parent is a Child's First and Most Important Teacher"

| Child's Name:   |         |   | Month & Year:     |               |                    |               |
|---|---------|---|-------------------|---------------|--------------------|---------------|
| Goals from CIP:   |         |   |                   |               | •                  |               |
|   |         |   |                   |               |                    |               |
|   |         | See suggeste                              | ed learning activ | ities 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 |
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| Monday  | Tuesday | Wednesday                                 | Thursday          | Friday        | Weekend            | Total Minutes |
| Comments:   |         |   |                   |               |                    |               |
|   |         |   |                   | Moi           | nthly Total Minute | s             |
| Parent signature:   |         |   |                   |               | Date:              |               |
| Parent Name (Prir   | nted):  |   |                   |               |                    |               |
|   |         | Home Learning Hours: (Completed by staff) |                   |               |                    |               |
| Site/Room:  |         | Teacher Initials:                         |                   |               |                    |               |

| Child's Name: |   |   |
|---------------|---|---|
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## **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.

| With your teacher, select the activities you will do with your child. |   |                                      |  |  |  |  |  |
|---|---|--------------------------------------|--|--|--|--|--|
| Social-Emotional:   | Mathematics:                              | Language/Literacy:                   |  |  |  |  |  |
| Establish & practice consistent                                       | ☐ Count items (crackers, bites, etc.)     | ☐ Reading together                   |  |  |  |  |  |
| routines  | ☐ Matching &/or identifying shapes        | ☐ Singing songs and nursery rhymes   |  |  |  |  |  |
| ☐ Naming Feelings   | ☐ Demonstrates an understanding of        | ☐ Imitating words/signs              |  |  |  |  |  |
| ☐ Imitating facial expressions  | two or more                               | ☐ Demonstrates writing skills        |  |  |  |  |  |
| ☐ Playing simple games (taking turns)                                 | ☐ Follows simple directions related to    | (scribbles, marks, controlled lines, |  |  |  |  |  |
| ☐ Practicing breathing strategies to                                  | position (in, on, under, up, down)        | mock letters)                        |  |  |  |  |  |
| calm (STAR, balloon, drain)   | ☐ Follows simple directions related to    | Recognizes a few letters in own      |  |  |  |  |  |
| ☐ Plays along side or with another                                    | proximity (besides, between, next to)     | name                                 |  |  |  |  |  |
| child   |   |                                      |  |  |  |  |  |
|   |   |                                      |  |  |  |  |  |
| [O  | Discourse Markey                          | Discission Fire Market               |  |  |  |  |  |
| Cognitive:  | Physical-Large Motor:                     | Physical-Fine Motor:                 |  |  |  |  |  |
| Sustains interest in working on a                                     | ☐ Tummy-time (increase tolerance)         | ☐ Using spoon/fork                   |  |  |  |  |  |
| task, with or without adult   | ☐ Crawling, pulling up                    | Using scissors                       |  |  |  |  |  |
| Repeats action to obtain similar                                      | ☐ Cruising & walking                      | ☐ Grasping/shaking toys              |  |  |  |  |  |
| results   | Outside play                              | ☐ Using crayons/markers              |  |  |  |  |  |
| ☐ Practices activity until successful                                 | ☐ Climbing/stairs                         | ☐ Touching and holding objects       |  |  |  |  |  |
| Color Games (naming, matching,  | ☐ Batting/reaching at objects             | ☐ Holding drawing/writing tool       |  |  |  |  |  |
| finding)  | ☐ Catching, kicking, rolling, or throwing | ☐ Play with play dough               |  |  |  |  |  |
| ☐ Shape sorting boxes   | a ball                                    | ☐ Build with Legos/blocks            |  |  |  |  |  |
| Recognizes people, objects, and /                                     |   |                                      |  |  |  |  |  |
| or animals in pictures  |   |                                      |  |  |  |  |  |
|   |   |                                      |  |  |  |  |  |
|   |   |                                      |  |  |  |  |  |
| Other things I want to share with my teacher                          |   |                                      |  |  |  |  |  |
| (celebrations, interests, skills supported, new developments)         |   |                                      |  |  |  |  |  |
|   |   |                                      |  |  |  |  |  |
|   |   |                                      |  |  |  |  |  |
|   |   |                                      |  |  |  |  |  |
|   |   |                                      |  |  |  |  |  |

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