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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS Sig stacked blk 1.5 PC.eps | **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: |       |
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| 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: |
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| 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:**[ ]  Establish & practice consistent routines[ ]  Naming Feelings[ ]  Imitating facial expressions[ ]  Playing simple games (taking turns)[ ]  Practicing breathing strategies to calm (STAR, balloon, drain)[ ]  Plays along side or with another child[ ]         |  | **Mathematics:**[ ]  Count items (crackers, bites, etc.)[ ]  Matching &/or identifying shapes[ ]  Demonstrates an understanding of two or more[ ]  Follows simple directions related to position (in, on, under, up, down)[ ]  Follows simple directions related to proximity (besides, between, next to) [ ]         |  | **Language/Literacy:**[ ]  Reading together[ ]  Singing songs and nursery rhymes[ ]  Imitating words/signs[ ]  Demonstrates writing skills (scribbles, marks, controlled lines, mock letters)[ ]  Recognizes a few letters in own name[ ]         |
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| **Cognitive:**[ ]  Sustains interest in working on a task, with or without adult[ ]  Repeats action to obtain similar results[ ]  Practices activity until successful[ ]  Color Games (naming, matching, finding)[ ]  Shape sorting boxes[ ]  Recognizes people, objects, and / or animals in pictures[ ]         |  | **Physical-Large Motor:**[ ]  Tummy-time (increase tolerance)[ ]  Crawling, pulling up[ ]  Cruising & walking[ ]  Outside play[ ]  Climbing/stairs[ ]  Batting/reaching at objects[ ]  Catching, kicking, rolling, or throwing a ball[ ]         |  | **Physical-Fine Motor:**[ ]  Using spoon/fork[ ]  Using scissors[ ]  Grasping/shaking toys[ ]  Using crayons/markers[ ]  Touching and holding objects[ ]  Holding drawing/writing tool[ ]  Play with play dough[ ]  Build with Legos/blocks[ ]         |
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| Other things I want to share with my teacher…(celebrations, interests, skills supported, new developments)      |