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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: | | | | | | | | | | | | | | | | | | | | | | | | |
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| Monday | | | | | Tuesday | | | | Wednesday | | | Thursday | | Friday | | | | | Weekend | | | | | **Total Minutes** |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
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| Monday | | | | | Tuesday | | | | Wednesday | | | Thursday | | Friday | | | | | Weekend | | | | | **Total Minutes** |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | |
|  | | | | | | | | | |  |  | | | | |  |  | | | | | | | |
| **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 | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Other things I want to share with my teacher…  (celebrations, interests, skills supported, new developments) | | | | | | | | | | | | | | | | | | | | | | | | |