

UTRGV - PSJA - EHS - CC Partnership Program



CHILD DEVELOPMENT PLAN

Child's Name: _____ Child Plus ID #: _____ Classroom #: _____

IFSP/IEP/Information: (if applicable)

Positive Behavior Support Plan: (if applicable)

Nutrition/Health Concerns: (if applicable)

Parent Goals:

1st Home Visit Date: _____ 2nd Home Visit Date: _____

Parent/Teacher Conferences Date of 1st: _____ Date of 2nd: _____ Date of 3rd: _____

ASQ:3 1ST Screening Date: _____ 2nd Screening Date (if applicable): _____

Check Outcomes:

	Above Cutoff		Close to Cutoff		Below Cutoff	
	1 st	2 nd	1 st	2 nd	1 st	2 nd
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

E-DECA 1ST Screening Date: _____ 2nd Screening Date (if applicable): _____

Outcomes:

	Attachment/ Relationships (AR)		Initiative (IN)		Self-Regulations (SR)		Total Protective Factors (TPF)	
	1 st	2 nd	1 st	2 nd	1 st	2 nd	1 st	2 nd
Description								

AIM Assessment Deadline Dates:

Nov. 15: _____ Feb. 21: _____ May 23: _____

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INDIVIDULIZED GOALS FORM

Name: _____ Room #: _____ Child Plus ID #: _____ Date of Entry: _____

<p>Date Started: _____ Goal #: _____</p> <p>Source (circle one): Parent ASQ-3 / DECA Teacher Assessment IFSP/IEP</p> <p>Domain: _____</p> <p>School Readiness Goal: _____</p> <p>Goal: _____</p> <p>_____</p> <p>Activity: _____</p> <p>_____</p> <p>Date Achieved/Modified: _____</p> <p><small>Circle one</small> Teacher's Signature: _____</p> <p>Center Manager/Director Signature: _____</p>	<p>Date Started: _____ Goal #: _____</p> <p>Source (circle one): Parent ASQ-3 / DECA Teacher Assessment IFSP/IEP</p> <p>Domain: _____</p> <p>School Readiness Goal: _____</p> <p>Goal: _____</p> <p>_____</p> <p>Activity: _____</p> <p>_____</p> <p>Date Achieved/Modified: _____</p> <p><small>Circle one</small> Teacher's Signature: _____</p> <p>Center Manager/Director Signature: _____</p>
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<p>Date Started: _____ Goal #: _____</p> <p>Source (circle one): Parent ASQ-3 / DECA Teacher Assessment IFSP/IEP</p> <p>Domain: _____</p> <p>School Readiness Goal: _____</p> <p>Goal: _____</p> <p>_____</p> <p>Activity: _____</p> <p>_____</p> <p>Date Achieved/Modified: _____</p> <p><small>Circle one</small> Teacher's Signature: _____</p> <p>Center Manager/Director Signature: _____</p>	<p>Date Started: _____ Goal #: _____</p> <p>Source (circle one): Parent ASQ-3 / DECA Teacher Assessment IFSP/IEP</p> <p>Domain: _____</p> <p>School Readiness Goal: _____</p> <p>Goal: _____</p> <p>_____</p> <p>Activity: _____</p> <p>_____</p> <p>Date Achieved/Modified: _____</p> <p><small>Circle one</small> Teacher's Signature: _____</p> <p>Center Manager/Director Signature: _____</p>
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