

Elkhart and St. Joseph Counties Head Start Consortium
EHS/HS Individual Plan for School and Home - 2023-2024

P/T Conference 1/ Conferencia 1 P/T Conference 2/ Conferencia 2 Date/Fecha: _____ Classroom/ Salon de Clases: _____

Child's Name/ Nombre de el Nino a Nina: _____ Staff Member/ Personal del la Escuela: _____

Area of Focus/ Área de enfoque (ELOF/COR)	Goal/Meta	Goal Status/Estatus de la Meta		School Activities toward goal/ Alcanzar la Meta (ELOF/HighScope strategies)	Home Activities toward goal/ Actividades en Casa Para (ELOF/HighScope strategies)
		Met goal (add date)	Still working (transfer)		
1.		<input type="checkbox"/>	<input type="checkbox"/>		
2.		<input type="checkbox"/>	<input type="checkbox"/>		
3.		<input type="checkbox"/>	<input type="checkbox"/>		

Staff Signature/ Firma del personal: _____ Date/Fecha: _____

Parent/Guardian Signature/ Firma del Parde/Guardian: _____ Date/Fecha: _____