Elkhart and St. Joseph Counties Head Start Consortium

EHS/HS Individual Plan for School and Home - 2024-2025

P/T Conference 1/ Conferencia 1  P/T Conference 2/ Conferencia 2 Date/Fecha: enter date Classroom/ Salon de Clases: enter text

Child’s Name/ Nombre de el Nino a Nina: enter text Staff Member/ Personal del la Escuela: enter text

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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) |
|  | enter specific goal | add date |  | enter text | enter text |
|  | enter specific goal | add date |  | enter text | enter text |
|  | enter specific goal | add date |  | enter text | enter text |

Staff Signature/ Firma del personal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature/ Firma del Parde/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_