

SCCD, Inc. Head Start Individualized Lesson Plan

Child's Name _____ Foundational Visit #: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ HV# ___

Staff Signature _____ Date: _____ Time of Visit: _____

Date/Clinic
Physical: _____/_____
Dental: _____/_____

Plan for the visit:

School Readiness Goals/Developmental Areas: Social/Emotional Physical Language Cognitive Literacy Mathematics Science & Technology Social Studies Arts

Parent Child Interaction Activities:	Parent and Staff Strength Based Observations:
Book Sharing:	

Development-Centered Parenting Topics:	Sleep Attachment Discipline Health Transition/Routines Safety Nutrition Other
Comments/handouts:	

Family Well-Being (Strengths, questions, concerns):	
<small>Basic Essentials (Food, Housing etc.) Education/Employment Physical/Mental Health Childcare/PreK/Early Intervention Relationships w/family & friends Recreation</small>	

Family Next Step:

Plan for our NEXT HOME VISIT Date: _____ Time: _____

- Parenting Topic for next home visit/handouts:
- Developmental focus area/activities for Parent Child Interaction:

Parent Signature: _____ **Parent Comments:** _____

Next PALS (Play and Learn session) will be held on:

