Shasta Head Start Child Development, Inc.
California Department of Education- Child Development Division

Child Goals and Developmental Progress

Child's Name:_____ Date of Conference:_____ Site:_____

This form describes your child's developmental progress in achieving four broad desired results for all children:
Children are personally and socially competent **Children are effective learners**
Children show physical and motor competence **Children are safe and healthy**

GOAL #1

Your child's strengths include…	**Areas your child is currently working on include…**

Child Goals - What do you want? *(Use I.E.P. / C.S.T. goals when appropriate)*

Measure Number

How Often? (circle one)
EHS 4x in 8WKS (or)
HS 2x in 8WKS

Staff- Activities/Opportunities we will provide:

Families- Activities/Opportunities you will provide:

GOAL #2

Child Goals - What do you want? *(Use I.E.P. / C.S.T. goals when appropriate)*

Measure Number

How Often? (circle one)
EHS 4x in 8WKS (or)
HS 2x in 8WKS

Staff- Activities/Opportunities we will provide:

Families- Activities/Opportunities you will provide:

First Conference Signatures

_____ _____ _____ _____
Parent Signature Date Child Development Staff Signature Date

_____ _____ _____ _____
Family Worker Signature Date Child Development Staff Signature Date

ATTENDED REVIEWED (circle one)

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Child Goals and Developmental Progress

Child Goal Update

Child's Name:_____ Date of Conference:_____ Site:_____

Initial Child Goal Follow Up				
Goal #	**Measure #**	**Prior Developmental Level**	**Current Developmental Level**	**Goal Met**
				Yes or No
				Yes or No

GOAL #1

Child Goals - What do you want? *(Use I.E.P. / C.S.T. goals when appropriate*

Measure Number

How Often? (circle one)
EHS 4x in 8WKS (or)
HS 2x in 8WKS

Staff- Activities/Opportunities we will provide:

Families- Activities/Opportunities you will provide:

GOAL #2

Child Goals - What do you want? *(Use I.E.P. / C.S.T. goals when appropriate*

Measure Number

How Often? (circle one)
EHS 4x in 8WKS (or)
HS 2x in 8WKS

Staff- Activities/Opportunities we will provide:

Families- Activities/Opportunities you will provide:

Second Conference Signatures

_____ _____ _____ _____
Parent Signature Date Child Development Staff Signature Date

_____ _____ _____ _____
Family Worker Signature Date Child Development Staff Signature Date

ATTENDED REVIEWED (circle one)