Shasta Head Start Child Development, Inc

Home-Based Child Goals

Child's Name:_____ Date:_____ Site/Staff:_____

GOAL #1	Your child's strengths include...	Areas your child is currently working on include...	
	Child Goals - What do you want? *(Highlight IFSP/IEP goals in orange)*		**Measure** **Date Completed**
	Staff- Activities/Opportunities we will provide:		
	Families- Activities/Opportunities you will provide:		
GOAL #2	**Child Goals** - What do you want? *(Highlight IFSP/IEP goals in orange)*		**Measure** **Date Completed**
	Staff- Activities/Opportunities we will provide:		
	Families- Activities/Opportunities you will provide:		

_____ _____ _____ _____

Parent/Guardian Signature Date Parent/Guardian Signature Date

_____ _____

Home Visitor Signature Date

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Updated Goal	**Child Goals** - What do you want? *(Highlight IFSP/IEP goals in orange)*	**Mesure** **Date Completed**
	Staff- Activities/Opportunities we will provide:	
	Families- Activities/Opportunities you will provide:	
Updated Goal	**Child Goals** - What do you want? *(Highlight IFSP/IEP goals in orange)*	**Mesure** **Date Completed**
	Staff- Activities/Opportunities we will provide:	
	Families- Activities/Opportunities you will provide:	

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Home Visitor Signature _____ Date _____