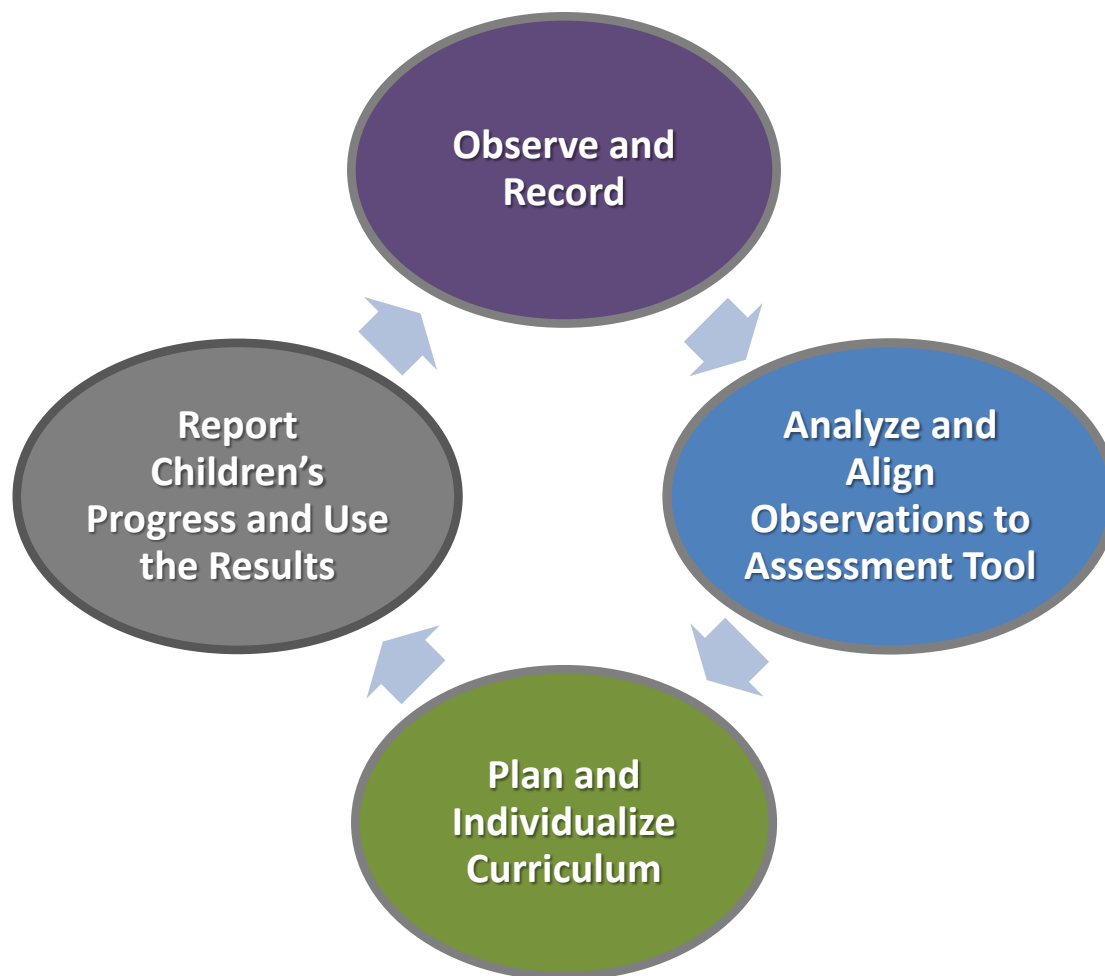Shasta Head Start Child Development, Inc.
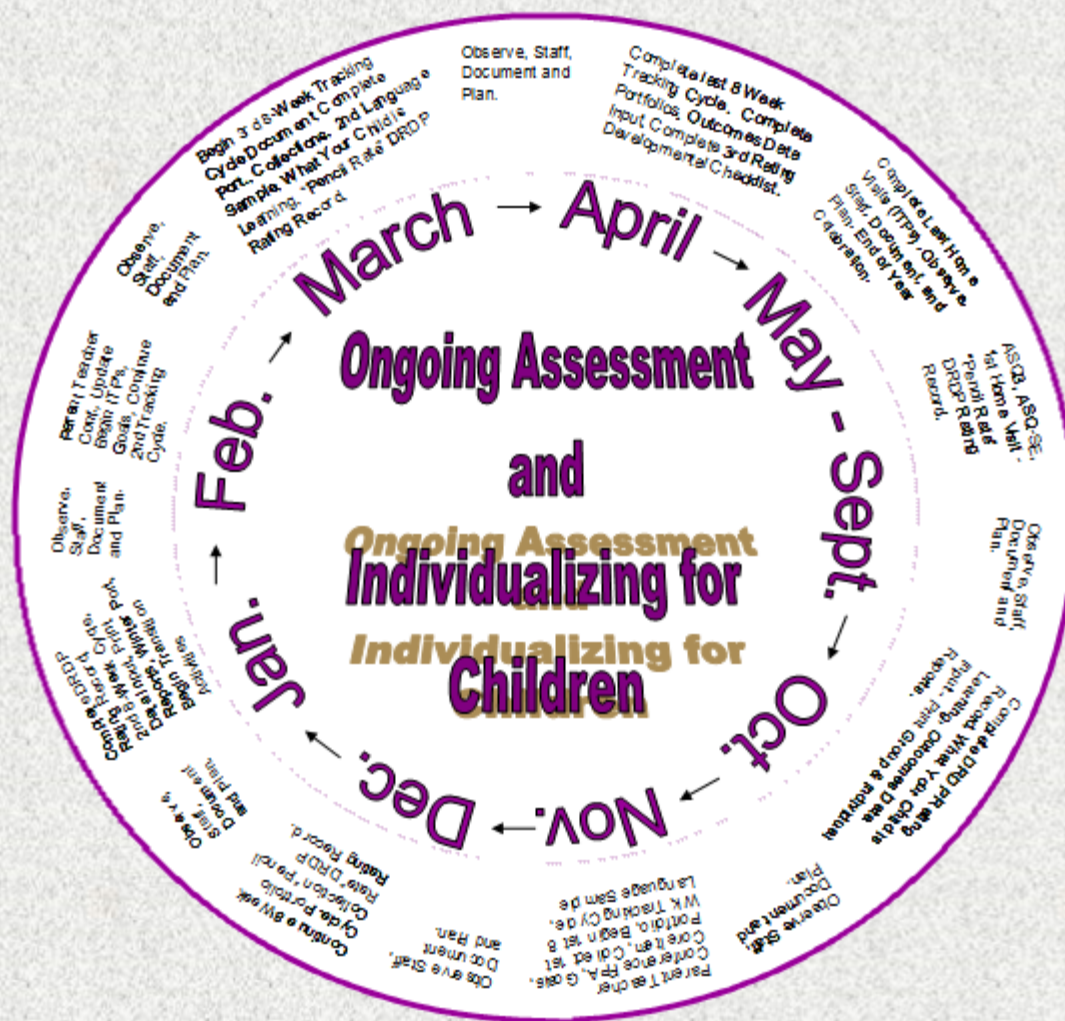
Head Start

On-Going Assessment Process

"The Full Circle"

Observe and Record

Analyze and Align Observations to Assessment Tool

Plan and Individualize Curriculum

Report Children's Progress and Use the Results

The Full Circle

Ongoing Assessment

and

Ongoing Assessment

Individualizing for

and

Individualizing for

Children

March

Begin 3 d8-Week Tracking Cycle Document Complete Port, Collections, 2nd Language Sample, What Your Child is Learning, "Pencil Rate" DRDP Rating Record

Observe, Staff, Document and Plan.

Observe, Staff, Document and Plan.

April

Complete last 8 Week Tracking Cycle, Complete Portfolios, Outcomes Data Input Complete 3rd Rating Developmental Checklist.

May - Sept.

Complete Last Home Visit (ITP's) , Observe Staff, Document and Plan, End of Year Celebration.

ASQ-3, ASQ-SE, 1st Home Visit, "Pencil Rate" DRDP Rating Record.

Observe, Staff, Document and Plan.

Oct.

Complete DRDP Rating Input, Print Group & Individual Report.

Learning, Print What Your Child is Learning Sample, Begin 1st 8 Wk Tracking Cycle, Portfolio, Begin 1st Core Item, Conference PPA, Goals, Parent Teacher

Nov.

Observe Staff, Document and Plan.

Dec.

Begin 1st 8 Week Portfolio Collection, "Pencil Rate" DRDP Rating Record.

Observe Staff, Document and Plan.

Jan.

Complete Record Cycle, Read 8 Week, Print Port, 2nd 8 Wks, Winter Documents, Begin Transition Report Activities

Observe, Staff, Document and Plan.

Feb.

Parent Teacher Conf, Update Begin ITP's Goals, Continue 2nd Tracking Cycle,

Observe, Staff, Document and Plan.

Observe and Record

Child Development Staff:

- **Observe children on a daily basis.**
- **Record no less than:**
  - Head Start- 1 observation per week per child
  - There needs to be enough documentation to accurately rate.
- **Document exactly what is seen and heard.**
- **Include the child's name, Measure #, date, & your initials to obs.**
- **Collect observations from family and other staff.**
- **Collect samples of children's work over time for portfolios.**

PROGRAM AREA: Education and Child Development
Department

PERFORMANCE STANDARD: 1302.33 (b)(2)

OBSERVATION RECORD

PURPOSE	To record anecdotal observations about each child's development to be able to ensure accurate assessment using the developmental assessment tool.
WHO/WHEN/ COMPLETED:	By Education and child development staff and parents. Completed throughout the year during class. Complete 1 per week per child (HS) Complete 3 per week per child (EHS) Complete 1-2 per week per child (Home Base)
HOW TO FILL IT OUT:	Write observations in Learning Genie and tag appropriate measures. Date and initial each observation.
CHILD PLUS DATA ENTRY:	Completed in Learning Genie
WHERE TO FILE:	Generate PDF of each child's portfolio after each rating period. Print two copies of the portfolio. One copy will go in the child's file to document observations. One copy will go in the child's portfolio. To generate PDF, click on the Generate PDF tab in the portfolio section of Learning Genie.
IMPORTANT NOTES:	

Observe and Record

Child Development Staff:

- **Use the Learning Genie App to record observations, take photos, and document work samples.**
- **Assign each form of documentation to a DRDP measure.**

Analyze and Align Observations to On-going Assessment Tool

Child Development Staff

Review observations and begin rating the measures that have substantial documentation.

Review observations frequently to ensure *each indicator* for *each child* is being observed.

(The status of each child can be quickly checked by clicking on the individual status in the Learning Genie App. The status of the class can be checked by clicking the Class Status Tab.

PROGRAM AREA: Education & Early Childhood Development
PERFORMANCE STANDARD: 1302.33 (b) 1302.33(c)

Desired Results Developmental Profile (DRDP)

PURPOSE	The DRDP rating tool is used to document the ongoing progress of each child's development.
WHO/WHEN COMPLETED:	Education Staff complete DRDP ratings three times per year. Fall: Within the first 60 days of child entry. Complete full DRDP Winter: approx. 70 days after 1st rating. Complete school readiness measures on the DRDP Spring: approx. 70 days after 2nd rating. Complete full DRDP *Refer to the ongoing assessment timelines for DRDP due dates.
HOW TO FILL IT OUT:	Read and follow directions from the DRDP booklet.
DATA ENTRY:	The ratings for DRDP will be completed through Learning Genie.
WHERE TO FILE:	One copy will be placed in the child's file, and one copy will be placed in the child's portfolio. See important notes below.
IMPORTANT NOTES:	For any measure marked "Unable to Rate," insert documentation through an observation note describing the reason. Generate PDF of each child's portfolio after each rating. Print two copies of the portfolio. One copy will go in the child's file to document observations and assessment rating. One copy will go in the child's portfolio. To generate PDF, click on the Generate PDF tab in the portfolio section of Learning Genie.

Plan and Individualize
the Curriculum

Use data collected from: ongoing observations & work samples, screeners (developmental, sensory, & behavioral), IEP/IFSP goals, medical and dental evaluations, parent observations, staff, etc. to complete the Ongoing Assessment tool (DRDP) for each child.

After completing the assessment, print individual child and class reports. Begin scheduling conferences.

Individual child reports will show areas of strength and need. This will assist you in sharing the child's progress with the parent and in developing individual child goals.

Meet with the parent(s) during a Parent/Teacher Conference to develop 3 individual goals for each child.

* Be sure to write the Measure # next to each goal   .

* If the child has an IEP/IFSP these goals must be used as well.

FIRST FAMILY CONFERENCE FORM

PURPOSE	**To develop child goals and discuss child's progress.**
WHO/WHEN/ COMPLETED:	**Child Development Staff in conjunction with the Family Worker whenever possible.** *Approximately 60 days* **after child enters the program.**
HOW TO FILL IT OUT:	**Complete top portion of form. Check off each item you discussed during the visit. Add any specific site information and/or family information shared during the visit.**
CHILD PLUS DATA ENTRY:	**N/A**
WHERE TO FILE:	**Completed form must be kept in child's file under the Education section.**
IMPORTANT NOTES:	• **Conference should be 30 min. in length and held at the center, according to the parents needs (availability)** • **Prior to the visit determine if an interpreter is needed.** • **Three attempts must be made to reschedule the conference. If the attempts are unsuccessful, send a copy of the goals home to the parent.** • **Remember to document reason for no contact, attempts made, or cancellations on Education Purple Cover Sheet.** • **If it is not possible for the parent to meet face to face, a phone conference may be conducted.**

Shasta Head Start Child Development , Inc.
First /Primero
Family Conference Form/Formulario de la Conferencia Familiar

Child's Name/*Nombre del Niño*_____ Parent's Name/*Nombre del Padre* _____

Date/*Fecha*_____ Length of Visit/ *Duración de la Visita:*_____

Visit Location/ *Lugar de la Visita:* Home/Casa: ___ Center/Centro ___ Alternate Location/Otro lugar ___ Reason/Razón ___

Staff Making Contact/*Personal Haciendo el Contacto:* _____ Rescheduled/Reprogramado: Y or N   S o N

Reason for No Contact /*Razón para no tener contacto:*
_____

Items Discussed/Puntos *Discutidos:*
Check off each item as completed/Marque cada punto mientras lo complete

☑	Item/Asunto
	Share observations conducted by the staff as well as the parent. /Compartir las Observaciones dirigidas por el personal así como también el padre.
	(**EHS Only**) Update Need and Service Plan (if applicable). / (**Solo EHS**) Ponga al Día el Plan de Necesidades y Servicios (Si es aplicable).
	(**EHS Only**) Update Introduction of New Foods Checklist/ (**Solo EHS**) Ponga al Día la Lista de la Introducción a las Nuevas Comidas.
	Share portfolio collections gathered and explain the process of collecting work samples. / Compartir la colección que se junto para la carpeta y explicar el proceso de colectar muestras de trabajo.
	Share the results of the screeners. /Compartir los resultados de los exámenes.
	Explain goal setting process with parent/ Explicar a los padres el proceso de poner metas - Share child's strengths/ Compartir las fuerzas del niño. - Areas child is currently working on/ Areas que el niño está trabajando actualmente - Ways the staff will work on the goals with the child and how often/ Maneras que el personal trabajará con el niño en las metas y con que frecuencia. - How the parent can help support their child in the home/ Cómo el padre puede ayudar a apoyar a su niño en la casa.
	Set goals with parent using the Child Goals and Developmental Progress Form/ Poner metas con el padre usando el Formulario del Progreso de Metas y Desarollo del Niño.
	Share information on any upcoming events/ Compartir información en algún evento próximo.
	Site specific information/: Información específica del centro
	Individual Family Information/: Información Individual Sobre la Familia

_____   _____   _____   _____
Parents Signature/*Firma del Padre*   Date /*Fecha*   Interpreted by*(if needed) Firma de Intérprete*   Date /*Fecha*

_____   _____   _____   _____
Family Worker Signature/*Firma de Trabajadora Familiar*   *Date/Fecha*   Teacher Signature / *Firma de Maestra*   *Date/Fecha*

ATTENDED   REVIEWED (circle one)N:\Education\Child_Development_Specialist\Homevisit and Conference Form\Final Home Visit.doc

Child Goals and Developmental Progress

PURPOSE	To establish developmentally appropriate goals for the child based on the information gathered through developmental screening, mental heath screening, developmental checklists, observations and ongoing assessment.
WHO/WHEN COMPLETED:	To be completed by Teachers, Caregivers, Home Visitors, and Providers The Family Worker will either attend the goal setting conference or the child's goals will be staffed at the bimonthly staffing meeting. Update goals as needed (upon completion and/or with conference).
HOW TO FILL IT OUT:	See attached
CHILD PLUS DATA ENTRY:	N/A
WHERE TO FILE:	Upon completion the confidential document is to be kept in the child's file. Information can be transferred to the Child File Summary form. A copy of the document will be placed in the parent contact binder for monthly follow up.

IMPORTANT NOTES:	The established goals must consist of:
	  A. At least one social/emotional goal,
	  B. A minimum of two goals in other areas of development,
	  C. Goals should be holistic rather than focused on one particular area,
	  D. Parents must be encouraged to participate in the development of their child's goals.

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 show physical and motor competence
- ▶ Children are effective learners
- ▶ Children are safe and healthy

1 of _____

GOAL #1

Your child's strengths include...	Areas your child is currently working on include...
Mia shows an increasing awareness of her skills and abilities; she is able to follow 3 step directions and participates in class activities.	Sharing, Number Sense, & Letter knowledge,

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

Mia will begin to recognize at least 10 letters of the alphabet including those in her name,

Measure Number LLD 9	
How Often? EHS 2X IN 4WKS (OR) HS 2X IN 8 WKS	
Date Completed	

Staff- Activities/Opportunities we will provide:

We will provide Mia with letter recognition games and name games including: daily sign-in, letter books and models, environmental letters, as well as letter games.

Families- Activities/Opportunities you will provide:

Provide Mia with letter games, books, and name games. Point out letters to her in the environment and encourage her to name letters that are familiar to her. Use the name game cards (sent home) to have her sign-her name as a transition activity.

GOAL #2

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

Mia will begin to use sharing, trading, or taking-turn techniques when working with her peers.

Measure Number ATL-REG 7	
How Often? EHS 2X IN 4 WKS (OR) HS 2X IN 6 WKS	
Date Completed	

Staff- Activities/Opportunities we will provide:

We will use the Second Step lessons to support Mia in developing her cooperation skills. We will model for her how to share, trade and take turns, give her opportunities to practice these techniques and reinforce her when she uses them correctly.

Families- Activities/Opportunities you will provide:

We will provide Mia with many opportunities to participate in projects at home that include: sharing, board games, turn taking opportunities and role playing.
Games we will play are: Mother May I and Red light green light

Child Goals and Developmental Progress

GOAL #3

Child Goals - What do you want? *(Use I.E.P. / C.S.T. goals when appropriate*	**Measure Number**
Mia will count to 10 with one to one correspondence.	COG 3

How Often?(circle one)
EHS 2x in 4WKS (or)
HS   2x in 6WKS

Date Completed

Staff- Activities/Opportunities we will provide:

We will provide Mia with many opportunities to count objects in the environment including; counting games, counting books, mealtime, and attendance.

Families- Activities/Opportunities you will provide:

Provide Mia with opportunities to count objects around the house such as: silverware (while helping to set the table or put it away), socks (while matching), how many doors are in the house, windows, etc.

Notes

First Conference Signatures

_____   _____
Parents Signature   Date

_____   _____
Child Development Staff Signature/ Title   Date

_____   _____
Family Worker Signature   Date

_____   _____
Child Development Staff Signature/ Title   Date

ATTENDED   REVIEWED (circle one)

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** **1 of _____**

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**
			Date Completed
	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**
			Date Completed
	Staff- Activities/Opportunities we will provide:		
	Families- Activities/Opportunities you will provide:		

Shasta Head Start Child Development, Inc.
California Department of Education- Child Development Division
Child Goals and Developmental Progress

2 of _____

GOAL #3	**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** **Date Completed**

Staff- Activities/Opportunities we will provide:

Families- Activities/Opportunities you will provide:

Notes

First Conference Signatures

_____ _____
Parents Signature   Date

_____ _____
Family Worker Signature   Date

_____ _____
Child Development Staff Signature/ Title   Date

_____ _____
Child Development Staff Signature/ Title   Date

ATTENDED   REVIEWED (circle one)

Shasta Head Start Child Development, Inc.
EDUCATION COVER SHEET
SHS - CENTER BASE / HOME BASE

Child's Name _____

CB= Center Base   HB= Home Base

	Documents	Date Completed	ChildPlus Data Entered *Within 5 days of completion	Follow-up/Referred *Add Action in CP	Comments (Specific Information)
(1)	**Parent Handbook Signature Page** CB-Tape to the back of Purple Cover Sheet				
(2)	**Bussing & Pedestrian Safety Page *30 days** Tape to the back of Purple Cover Sheet *Enter data into ChildPlus*				
(3)	**Health, Development, and Nutritional Assessment (HDNA)** Review & document on Child File Summary – CB only				
(4)	**Family Visit Form *First 45 days** **2 Home Visits** **2 Conferences** *CB Only*	1._____ 2._____ 3._____ 4._____			
(5)	**Developmental/Speech Screening (ASQ-3) *First 45 days**				
(6)	**Mental health Screening (ASQ-SE) *First 45 days**				
(7)	**FPA Child Goals Date Set** **Updated**	1._____ 2._____			
(8)	**On-Going Developmental Assessment (DRDP)** Original in Child File ***Within 60 days**	1. _____ 2. _____ 3. _____			
(9)	**Observation Record** *CB-1 per week. Keep in working binder; Insert at end of year *HB- 2-3 per wk. (keep in travel file)				
(10)	**Family Portrait** Enter date completed. Keep in working binder/travel file; insert at end of year.				
(11)	**Individual Transition Plan (ITP)** Enter into ChildPlus upon completion				
(12)	**BELA** *2 times per year Spanish speaking children only	1._____ 2._____			

Tracking Cycle Date _____-_____

Shasta Head Start Child Development, Inc.
Desired Results Developmental Profile
Individualization Tracking Form

List each child's name and the measure # under corresponding indicator. Once child has participated in the planned activity and an observation has been written, check off completed in the (2 x's per 8 week) section following the goal. **See example below**. ** JN has participated in 2 goals and needs one more for this 8–week period.

Child' Name ↓	M →	ATL-REG	2x's 8 wks.	SED	2x's 8 wks.	LLD	2x's 8 wks.	COG	2x's 8 wks.	PD-HLTH	2x's 8 wks.	HHS	2x's 8 wks.	VPA	2x's 8 wks.	ELD	2x's 8 wks.
Jack Nimble	Ex.			SED 2	✔	LLD 8	✔	COG 4									
	1.																
	2.																
	3.																
	4.																
	5.																
	6.																
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	12.																
	13.																
	14.																
	15.																
	16.																
	17.																
	18.																
	19.																
	20.																

SECOND FAMILY CONFERENCE FORM

PURPOSE	**To update child goals and discuss child's progress. To complete the Individual Transition Plan.**
WHO/WHEN/ COMPLETED:	**Child Development Staff in conjunction with the Family Worker whenever possible.** **Approximately 70 days after First Parent Teacher Conference.**
HOW TO FILL IT OUT:	**Complete top portion of form. Check off each item you discussed during the visit. Add any specific site information and/or family information shared during the visit.** **The Individual Transition Plan will also be completed at this time (See ITP Formster for more details).**
CHILD PLUS DATA ENTRY:	**N/A**
WHERE TO FILE:	**Completed form must be kept in child's file under the Education section.**
IMPORTANT NOTES:	• **Conference should be about 45 min. in length and held at the center, according to the parent's availability.** • **Prior to the visit determine if an interpreter is needed.** • **Three attempts must be made to reschedule the conference. After 3 attempts, send a copy of the goals home.** • **Remember to document reason for no contact, attempts made, or cancellations on Education Purple Cover Sheet.** • **If it is not possible for the parent to meet face to face, a phone conference may be conducted.**

Shasta Head Start Child Development , Inc.
Second/Segundo
Family Conference Form/Formulario De Visita Familiar

Child's Name/*Nombre del Niño*_____ Parent's Name/*Nombre del Padre* _____

Date/*Fecha* _____ Length of Visit/ *Duración de la Visita:* _____

Visit Location/ *Lugar de Visita:* Home/Casa: ___ Center/Centro ___ Alternate Location/Otro Lugar ___

Reason/Razón _____

Staff Making Contact/*Personal Haciendo Contacto:* _____ Rescheduled/Reprogramado: Y or N / S o N

Reason for No Contact /*Razón para no Tener Contacto:* _____

Items Discussed/*Asuntos Discutidos:*
Check off each item as completed/Marque cada punto mientras lo completa

☑	Item/*Asunto*
	Share observations conducted by the staff as well as the parent. / Compartir observaciones conducidas por el personal así como las observaciones del padre.
	Share portfolio collections gathered and explain the process of collecting work samples./ Compartir la colección del portafolio y explicar el proceso de la colección con muestras de trabajo
	Update goals with parent using the Child Goals and Developmental Progress Form. If the child has not mastered a goal, ensure the goal is attainable and realistic. Develop activities which will assist the child in mastering the goal. / **Actualizar** las metas con el padre usando el formulario del Progreso y Metas del Desarrollo del Niño. Si el niño no cumplió con una meta, asegurarse de que la meta sea alcanzable y real. Desarrollar actividades que ayudarán al niño a dominar esa meta.
	(**EHS Only**) Update Needs and Service Plan (if applicable). / **(Solo EHS)** Actualizar el Plan de Necesidades y Servicios.
	(**EHS Only**) Update Introduction of New Foods Checklist / **(Solo EHS)** Actulizar la Lista de Comidas Nuevas
	Share information on any upcoming events / Compartir información de algún evento que se sucederá
	Complete Emergency Card. Be sure to put information in ChildPlus. / Completar la Tarjeta de Emergencia. Asegurarse de poner la información en ChildPlus.
	Complete Individual Transition Plan. This is the time to start the process of thinking about where the child will be attending school next year. / Completar el Plan de Transición Individual. Este es el momento de comenzar el proceso de pensar sobre a que escuela va a asistir el próximo año. Enter date in ChildPlus. All goals must have completion date or be included on ITP as parents will continue to work on the goals during the summer. / Ingresar los datos en ChildPlus. Todas las metas deberán tener fecha de término o deberá ser incluida en PTI mientras los padres continúan con las metas durante el verano.
	Site specific information / Información específica del centro:
Individual Family Information / Información Individual Sobre la Familia:	

_____ _____ _____ _____
Parents Signature/*Firma de Padre*　　　　Date /*Fecha*　　　Translated by*(if needed) Firma de*　　Date /*Fecha*

_____ _____ _____ _____
Family Worker Signature/*Firma de Trabajadora Familiar*　　*Date/Fecha*　　Teacher Signature / *Firma de Maestra*　*Date/Fecha*

ATTENDED　REVIEWED (circle one)

Shasta Head Start Child Development, Inc.
INDIVIDUAL TRANSITION PLAN

Check Applicable boxes:		
☐ 2 ½ year (30 months)	☐ During School Year, also includes →	☐ Notification of Family Transition form
	☐ End of Year, also includes →	☐ Transition Packet (Kindergarten)

Date: _____ Parent/Guardian Name: _____

Child's Name:_____ Birth Date:_____

Primary Language: _____

Transitioning From: _____ Transitioning To: _____

Family Profile and Goals
Summary of Child's Strengths & Development
Summary of Child's Social Emotional & Health Status
Ideas for Easing Transition   Routines/Rituals: Familiar Objects: Favorite Activities/Songs:

Action Plan/Timeline for Transition Activities		
Parents will…	Staff will…	When?

Signature of Attendance

1. _____   3._____
           Parent/Guardian   Staff Member

2. _____   4._____

I.T.P. Completed at: ☐ ***Meeting (preferable)** ☐ **Home Visit**   ☐ **Conference**

☐ **ChildPlus data entry**
     Yellow: Parent/Guardian   White: Child's File

Plan and Individualize the Curriculum (Head Start)

After all children's goals have been set, write each child's initials and 3 goals (Measure #'s) on the Weekly Lesson Plan in the Measure/Individualization section .

**You can save the Weekly Lesson Plan and use the template for future weeks.

Write each child's Measure #'s on the Individualization Tracking Form. This form is used to track goal activity participation 2 times during each 8 week cycle (see ongoing assessment process due dates) and easily view the class goals as a whole.

Plan activities for each goal you will be working on during the week.

write the goal activity on the day of the week you will be providing the activity, and write the domain and measure number in the key next to the activity.

(Try to plan activities that will focus on more than one measure and more than one child at a time).
**Remember, each goal must be worked on no less than 2 times during a 8 week period.
*** If it is an IEP Goal you are working on, highlight the measure number with an orange highlighter.

Once the child has completed the individualized activity, record a corresponding observation and include: the child's name, the date , and assign DRDP Measure numbers.

On the Individualization Tracking form you will put a check mark in the Measure # box tracking each child's participation in the planned goal activity 2 times in the 8 week cycle.

Shasta Head Start Child Development, Inc.

Weekly Planning Form Part Day

MONTH/YEAR:　　　　**WEEKLY DATES:**　　　　**CENTER/CLASS:**　　　　**THEME:**

HOUSE CORNER	Key	BLOCKS	Key	OUTDOORS	Key	COOKING/ NUTRITION	Key	LIBRARY	Key	LITERACY TABLE	Key
				PD Card#_____							
CREATIVE ART	Key	TABLE TOYS	Key	SCIENCE/ DISCOVERY	Key	SAND AND WATER	Key	MUSIC/ MOVEMENT	Key	MATH TABLE	Key

School Readiness Goal:	Group Profile Activity:

MEASURES/INDIVIDUALIZATION

Name	Goal	Name	Goal	Name	Goal	Name	Goal
1._____ _____		6._____ _____		11._____ _____		16._____ _____	
2._____ _____		7._____ _____		12._____ _____		17._____ _____	
3._____ _____		8._____ _____		13._____ _____		18._____ _____	
4._____ _____		9._____ _____		14._____ _____		19._____ _____	
5._____ _____		10._____ _____		15._____ _____		20._____ _____	

Develop **3 goals per child** with family, staff, observation and screener information. Write each **child's initials** on the lesson plan with the **DRDP Measure number** under the goal section. Plan an **individualized activity** for the week, labeling the measure number in the **key area**. After the child has participated in the activity, write an **observation** of the child working on their goal and track the date on the **8-week tracking cycle form**. You must work on each child's goals at least **2x's per each 8 week cycle**. *See 8 week tracking dates.*

KEY: Each Underlined Developmental Domain Area Must Be Keyed Weekly Unless Otherwise Noted Below.

ATL-REG-Approaches to Learning-Self Regulation　　**COG**-Cognition (Including **Math** & **Science**)　　**HSS**-History -Social Science　　**W:** WEB (2xM)

SED-Social and Emotional Development　　**PD- HLTH** Physical Development & Health　　**VPA**-Visual and Performing Arts　　**FP/FOW**-Family Portrait/Family of the Week (2xM)

LLD- Language and Literacy Development　　**N**: Nutrition (2xM)　　**D**: Dental (2xM)　　**T**-Specialized Transition Activities　　**FOW**- Family of the Week (2xM)

ELD- English Language Development

HIGHLIGHT: IEP goals in Orange　　*Cultural Diversity is incorporated into the classroom in a daily, ongoing manner*

Shasta Head Start Child Development, Inc.

Weekly Planning Form Part Day

	Monday	Key	Tuesday	Key	Wednesday	Key	Thursday	Key	Friday	Key
Specific Activities	Helpers, Attendance Second Step # _____ Brain Builder #_____	COG SED	Helpers, Attendance Second Step # _____ Brain Builder #_____	COG SED	Helpers, Attendance Second Step # _____ Brain Builder# _____	COG SED	Helpers, Attendance Second Step # _____ Brain Builder #_____	COG SED	Helpers, Attendance Second Step # _____ Brain Builder #_____	COG SED
	Read Aloud	LLD	Read Aloud	LLD	Read Aloud	LLD	Read Aloud	LLD	Read Aloud	LLD
	Intentional Teaching Card:		Intentional Teaching Card:		Intentional Teaching Card:		Intentional Teaching Card:		Intentional Teaching Card:	
Small Group										
Large Group										
Group										

KEY: *Each Underlined Developmental Domain Area Must Be Keyed Weekly Unless Otherwise Noted Below.*

ATL-REG-Approaches to Learning-Self Regulation	**COG**-Cognition (Including **Math** & **Science**)	**HSS**-History -Social Science	**W:** WEB (2xM)
SED-Social and Emotional Development	**PD- HLTH** Physical Development & Health	**VPA**-Visual and Performing Arts	**FP**-Family Portrait (2xM)
LLD- Language and Literacy Development	**N**: Nutrition (2xM) **D**: Dental (2xM)	**T**-Specialized Transition Activities	**FOW**-Family of the Week (2xM)
ELD- English Language Development	HIGHLIGHT: IEP goals in Orange	*Cultural Diversity is incorporated into the classroom in a daily, ongoing manner*	

Plan and Individualize the Curriculum
Whole Group Planning

| Use reports to analyze and plan activities for the class as a whole. | → | Decide which objectives to target for the whole group and for selected children. | → | Plan strategies to support learning- individual, whole group, small group activities. | → | Implement your lesson plans and continue to observe children's progress. |

Report Children's Progress and Use the Results

Reports:

Individual Profile: Used to develop goals, assess progress, individualize activities, and identify strengths & needs

Group Profile: Used to plan whole group activities, environmental changes, Core Item portfolio collections and to identify possible training needs of staff.

Implement program improvement plan as it relates to your classroom.

Attend monthly Child Development workshops in areas identified through outcomes

Develop Professional Development Plan in conjunction with Area Manager for additional support and training in identified areas.

Complete Child Development Support form for further support and training in identified areas.