



Spokane County Head Start/ECEAP/EHS Monthly In-Kind Home Learning Plan - Preschool

"A Parent is a Child's First and Most Important Teacher"

Child's Name: _____ Month & Year: _____

Individual Goals: _____

See suggested learning activities on back

Please record how many minutes you spent supporting your child's learning each day:
5 minutes, 10 minutes, 15 minutes...

**Staff use
only**

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	Total Minutes

Comments: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	Total Minutes

Comments: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	Total Minutes

Comments: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	Total Minutes

Comments: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	Total Minutes

Comments: _____

Monthly Total Minutes _____

Parent signature: _____ Date: _____

Parent Name (Printed): _____

Home Learning Hours:
(Completed by staff) _____

Site/Room: _____ Teacher Initials: _____

Child's Name: _____

Connecting Goals to Home Experiences

Parents are the child's first and most important teacher. The goals of the Monthly In-Kind Home Learning Plan are to support you in this teaching role and to build strong connections between home and school for your child.

You and your child's teacher have agreed upon and marked some goal-related ideas for you and your child to do together each day at home. Record the time spent completing the activity when you sign-in your child at school.

With your Teacher, select the activities you will do with your child.

Social-Emotional: <input type="checkbox"/> Ask your child about their day <input type="checkbox"/> Play games involving rules and taking turns <input type="checkbox"/> Help your child describe their feelings <input type="checkbox"/> Organize play dates for your child <input type="checkbox"/> Practice breathing strategies to calm (STAR, balloon, drain, pretzel) <input type="checkbox"/> Other _____	Mathematics: <input type="checkbox"/> Count items: steps, trucks, crackers, cereal, etc. <input type="checkbox"/> Sorting activities: help put silverware away, sort laundry, etc. <input type="checkbox"/> Play games with dice/counting <input type="checkbox"/> Create patterns with household items. <input type="checkbox"/> Measure and compare items <input type="checkbox"/> Other _____	Language/Literacy: <input type="checkbox"/> Sing songs and nursery rhymes together <input type="checkbox"/> Read books and talk about the story together. <input type="checkbox"/> Look for letters in your environment (signs, food packages, license plates. Etc. <input type="checkbox"/> Recognize/name letters in own name <input type="checkbox"/> Other _____
Cognitive: <input type="checkbox"/> Play pretend together, <input type="checkbox"/> Ask your child open-ended questions, <input type="checkbox"/> Match items such as socks or silverware <input type="checkbox"/> Search for items in the grocery store <input type="checkbox"/> Give 2 and 3-step directions <input type="checkbox"/> Other _____	Physical: Large Motor: <input type="checkbox"/> Walk, skip, gallop and hop <input type="checkbox"/> Play ball (catch, throw, kick, bounce, roll) <input type="checkbox"/> Dance party <input type="checkbox"/> Play together at the park or playground. <input type="checkbox"/> Other _____	Physical: Fine Motor: <input type="checkbox"/> Cut out pictures from a magazine <input type="checkbox"/> Build with Legos/blocks <input type="checkbox"/> Help child to zip, button and snap when dressing self <input type="checkbox"/> Serving self, using a spoon and fork <input type="checkbox"/> Color/draw <input type="checkbox"/> Play with Playdough <input type="checkbox"/> Other _____

Other things I want to share with my teacher...
(Celebrations, interests, skills supported, new developments)