



Spokane County Head Start/ECEAP/EHS Monthly In-Kind Home Learning Plan – Infant/Toddler

“A Parent is a Child’s First and Most Important Teacher”

Child’s Name: _____ Month & Year: _____
Goals from CIP: _____
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
Total Minutes

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	

Comments: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	

Comments: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	

Comments: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	

Comments: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	

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.

<u>Social Skills</u>
<input type="checkbox"/> Imitating facial expressions
<input type="checkbox"/> Making eye contact
<input type="checkbox"/> Playing simple games
<input type="checkbox"/> Knowing feelings
<input type="checkbox"/> Smiling
<input type="checkbox"/> Other

<u>Signs & Words</u>
<input type="checkbox"/> Crying & calming when soothed
<input type="checkbox"/> Imitating words or new signs
<input type="checkbox"/> Singing
<input type="checkbox"/> Reading
<input type="checkbox"/> Other

<u>Thinking Skills</u>
<input type="checkbox"/> Peek a Boo!
<input type="checkbox"/> Color games
<input type="checkbox"/> Counting games
<input type="checkbox"/> Reading together
<input type="checkbox"/> Other

<u>Senses & Creativity</u>
<input type="checkbox"/> Infant massage
<input type="checkbox"/> Water play
<input type="checkbox"/> Outdoor play in sand or dirt!
<input type="checkbox"/> Art or play dough
<input type="checkbox"/> Other

<u>Little Muscles</u>
<input type="checkbox"/> Battling at objects
<input type="checkbox"/> Grasping or shaking toys
<input type="checkbox"/> Playing with blocks
<input type="checkbox"/> Using crayons or markers
<input type="checkbox"/> Using spoon or fork
<input type="checkbox"/> Other

<u>Big Muscles</u>
<input type="checkbox"/> Floor play on tummy
<input type="checkbox"/> Cruising & walking
<input type="checkbox"/> Dancing & marching
<input type="checkbox"/> Climbing
<input type="checkbox"/> Outside play
<input type="checkbox"/> Other

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