

BBNA Head Start
PO Box 310 Dillingham, AK 99576
907-842-4059

Individualized Plan

Child's Name _____ Today's Date _____ Individualized Plan # 1 2
Teacher Signature _____ Parent Signature _____

GOALS What would you like your child to work on this year?	CURRENT LEVEL What is your Child doing now in this area?	PLAN To do at home and in the classroom	FOLLOW-UP How has your child progressed on this goal? (Complete at next Home visits or P/T Conference)