

Individual School Readiness Goals Form – Preschool Head Start and ECEAP

Child: _____ Classroom: _____ Date: _____

Developmental Area	Goal(s)	Activities at Home & School
Social & Emotional Development <ul style="list-style-type: none"> Relationships with Adults Relationships with other Children Emotional Functioning Sense of Identity & Belonging 	<input type="checkbox"/> Check if IEP/IFSP Goal*	At home with family: At school:
Perceptual, Gross Motor & Physical Development <ul style="list-style-type: none"> Gross Motor Fine Motor Health, Safety & Nutrition 	<input type="checkbox"/> Check if IEP/IFSP Goal*	At home with family: At school:
Language & Communication/Literacy <ul style="list-style-type: none"> Attending & Understanding Communicating & Speaking Vocabulary Phonological Awareness Print & Alphabet Knowledge Comprehension & Text Structure Writing 	<input type="checkbox"/> Check if IEP/IFSP Goal*	At home with family: At school:
Math Development & Scientific Reasoning <ul style="list-style-type: none"> Counting & Cardinality Operations & Algebraic thinking Measurement Geometry & Spatial Scientific Inquiry Reasoning & Problem Solving 	<input type="checkbox"/> Check if IEP/IFSP Goal*	At home with family: At school:
Approaches to Learning <ul style="list-style-type: none"> Emotional & Behavioral Self-Regulation Cognitive Self-Regulation Initiative & Curiosity Creativity 	<input type="checkbox"/> Check if IEP/IFSP Goal*	At home with family: At school:

Staff Signature: _____

Parent Signature: _____

Interpreter Signature: _____