

# Child Individualization Plan

(Begin after the child's initial 2-week observational period/entry date)

Child's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ IEP/IFSP/OT Effective date: \_\_\_\_\_

Learning Style (circle one):    Auditory    Kinetics    Visual

Learning Goal	Classroom Support
Week of: _____ Goal:	Support:
Week of: _____ Goal:	Support:
Week of: _____ Goal:	Support:
Week of: _____ Goal:	Support:

**Instructions:** Set the child's individual goals from the following: child's IEP/IFSP/OT, your observations, Teaching Strategies Gold objectives/dimensions, documented parent/guardian goals, and documented parent/guardian concerns that are relevant to support within the classroom/center. Document the goals in the appropriate column. Then list some strategies you will use in the classroom to support this child's individual need. If support is still needed after the 1<sup>st</sup> two-week period, then continue with the same goal and support, however; if after the 2<sup>nd</sup> additional two-week period and mastery has not been achieved, additional classroom support is needed and must be documented. Set a new goal upon a successful mastery of the previous goal. If the child is making progress towards mastery, make documented notes to show evidence. Update every 2 weeks.