

Individual Goals

(This goal sheet needs to be filled out once every 6 months and brought with you to Parent Teacher Conferences, or more often if felt necessary. It is to be given to your child's teacher and used/incorporated into ongoing classroom planning. We encourage parents to regularly contribute to decisions about their child's goals, activities, services, and curriculum objectives throughout the year; this Goal Sheet is tremendously helpful for that!)

Child's Full Name: _____ **Age:** _____

Parent's Signature: _____ **Date:** _____
Month / Day / Year

My child has recently accomplished the following skills in each of these areas:

Knowledge (identifies objects, colors/shapes/numbers, increased language skills, etc.):

Social: playing side by side vs. playing together, verbal interaction with others, knows personal boundaries (space), etc.:

Emotional (expresses feelings, ability to care about others' feelings, respects others, etc.):

Physical (crawling, running, hopping, throwing a ball, etc.):

I/We would like to see our child accomplish the following goals over the next 6 months:

Knowledge:

Social:

Emotional:

Physical:



My child's typical approach to learning is (observant, hands on, visual, auditory, etc.):

My child is currently interested in:

Any additional developmental needs you would like to make us aware of:

Any concerns you would like to share:

Do you have any suggestions for curriculum activities and/or planning?

Thank you!