

**SEQUATCHIE VALLEY HEAD START
Home Activity Plan**

Child: _____

Date: _____

Teacher: _____

Class: _____

Parent Report of Child's Strengths: _____

Teacher Report of Child's Strengths _____

Child's Preferred Activities: _____

Objectives (Skills) (Check One)	Home Activity
1.Math counting 1-3, 1-10, 10-20 matching spatial relationships patterning one to one correspondence shapes	
2. literacy language comprehension vocabulary alphabet knowledge rhyming	<input type="checkbox"/> read to your child everyday.
3.Fine Motor Gross Motor Other:	
4. Self Help Personal/Social Other	

In addition, I would like classroom staff to work on the following with my child:

Parent/Guardian Signature

Date

Original - Parent/Guardian

Yellow - Center

Pink - HSO

L - VDM Forms

Home Act.Plan00

**RELEASE OF CONFIDENTIAL INFORMATION FOR
TRANSITION TO KINDERGARTEN**

I, _____, give permission for Sequatchie Valley Head Start to
(Parent's Name)
release the following information on my child _____ to
(Child's Name)
_____, I understand that the following information will be
shared
(School's Name)
to encourage a smooth transition.

Initial here to give consent for each of the following:

- _____ Child's name
- _____ Present developmental skills (LAP-D)
- _____ Child's strengths and goals
- _____ Effective classroom techniques used with the child
- _____ Child's health records
- _____ Family issues as they relate to the child's school success
- _____ Other _____

_____ I also give permission for Sequatchie Valley Head Start to track my child's progress
(Initial)
through the third grade. I understand that this information will be used to assess how its program
has affected my child's school success. I also understand this may include but may not be limited to:

- Classroom observations
- Report card copies
- Parent questionnaires
- End-of-year teacher questionnaires
- Attendance at individual planning meetings (if applicable)

This consent is effective until the child completes the third grade.

I understand that at any time, I may withdraw the permission given above.

Signed: _____ Date: _____
(Parent signature)

Witness: _____ Date: _____
(Staff signature)

Center Name: _____