

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Training Hours: \_\_\_\_\_ CEUs \_\_\_\_\_

College Credit \_\_\_\_\_

Training/Meeting: (if applicable) \_\_\_\_\_

Notes: (space on back) \_\_\_\_\_

**PLANNING:****1** Goal/Skill to Implement: (i.e. To get children more engaged in reading)

(i.e. Have regular communication with staff on classroom progress, needs )

Goal/Skill

**2** Plan to Practice: (i.e. WHEN, I read a new book to children, THEN I'll read it a 2<sup>nd</sup> time and let them act it out)

(i.e. WHEN we schedule Friday staff meetings, THEN I'll ask staff for input on children and the classroom)

WHEN,

•

THEN,

•

**3** Timeline: (i.e. This Wednesday at circle time) (i.e. Friday morning at Friday staff meeting).

Timeline

**4** **REFLECTION:** **Date:** \_\_\_\_\_How did it go? (i.e. Children a little restless when I started the 2<sup>nd</sup> reading, until they started acting book out)

Reactions (i.e. Children became more engaged in the story – less disruptions/behavior problems).

NEXT STEPS: (i.e. Add active story-telling to small group story time) – fill out new GOAL/SKILL form if needed.

How did it go?

How did  
children/staff  
react?

NEXT STEPS

Copies to: Staff person to work from

Supervisor for follow-up on: \_\_\_\_\_ (date)

