

Classroom Level School Readiness Planning Form

Center/Location/Agency:	School Readiness Team Members & Titles:
Initial Date of Plan: <input type="checkbox"/> Update: _____ <input type="checkbox"/> Update: _____	

Data Analysis:

Consider your CLASS scores, child assessment data, and health and disability information and summarize below:

Percentage of DLL's _____ Percentage of three year olds _____ Percentage of four year olds _____

The School Readiness goal I will work on in my classroom is:

Goal # _____ Objective _____

Effective teaching strategies I will implement to achieve this goal

Family engagement practices:

Professional development activities to support my goal:

Expected Outcome:

Results: