child & family SERVICES
STANISLAUS COUNTY OFFICE OF EDUCATION

Program Level School Readiness Planning Form

Agency:	School Readiness Team Members & Titles:
Initial Date of Plan: ☐ Update: _____ ☐ Update: _____	

Program Data Analysis:

Child Assessment data:	CLASS Scores:	Health:
Disabilities/Mental Health:	**Family Data:**	**Percentage of DLL's:**

The school readiness goal we will focus on will be goal # _____ Objective _____

Professional Development Activities we will implement to support this goal:

What?	Who/When?

Family Engagement Activities we will implement to support this goal:

What?	Who/When?
Expected Outcome:	**Results:**