



Bridges Head Start



Parent's Educational Goal Setting and Service Plan

Child's Name: _____

Center: _____

Instructions for completion: Form should be completed during parent/teacher conferences. Parents should set a reasonable goal for their child with teacher input. List the goal, possible strategies (home and classroom) and target date. Update as needed. Parent should receive a completed copy. File in student portfolio.

Date: _____

Goal: _____

Projected Target Date: _____

Possible Strategies: _____

Accomplishments: _____

Parent's Signature _____ Date _____