



Name: _____
Next Visit: _____

IFSP Outcome: _____

Today's Date: _____
Time In/Out: _____

COACHING PLAN

(What) What would you like to work on in between my visits?

(How) Strategies we used today to help learn this new skill:

(Where/Who) Specific routines and or people to practice the strategies:

(Measurable) How will you know the strategies are working?

ROUTINES

- | | | |
|--|---|--|
| <input type="checkbox"/> Pretend play | <input type="checkbox"/> Dressing | <input type="checkbox"/> Play with objects |
| <input type="checkbox"/> Physical Play | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Songs/rhymes |
| <input type="checkbox"/> Social games | <input type="checkbox"/> Food | <input type="checkbox"/> Computer, TV, video |
| <input type="checkbox"/> Family chores | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing/drawing |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Socialization activities | <input type="checkbox"/> Family errands |

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Great Prairie
AREA EDUCATION AGENCY

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