



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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