

Parent Curriculum Input

Child's Name: _____ Center: _____

Teacher: _____ Date: _____

Parent/Guardian: _____

The following is a list of activities that will be a part of the Head Start Program.

1. Large Muscle Development (climbing, running, outside and inside games, etc.)
2. Dramatic Play (role modeling, pretending, etc.)
3. Field Trips (visiting places for learning experiences)
4. Nutrition (knowing foods that are good for them through cooking activities, etc.)
5. Science (experimenting, problem solving, hands on activities, etc.)
6. Fine Muscle Development (stringing beads, working puzzles, sorting, etc.)
7. Language (listening to storytelling, looking at books, conversations, telling stories, etc.)
8. Safety (following safety rules)
9. Art (painting, drawing, coloring, cutting, etc.)
10. Math (ordering-largest to smallest, counting, etc.)
11. Self-Help (buttoning, zipping, putting on clothes, etc.)
12. Socialization (sharing, taking turns, working and playing with others)

Information about My Child

We consider you an important part of your child's learning experience. Based on your knowledge of your child, please fill in the following chart; so we can better meet your child's individual needs.

<i>These things please me most about my child:</i>	<i>Here's what my child does well</i>

<i>Right now I'm most concerned about my child's:</i>	<i>My child learns more easily when:</i>

<i>I would like my child to learn these activities in:</i>	<i>I think these services will help my child:</i>

<i>I would like to be involved in my child's program by:</i>	<i>Other help our family could use is:</i>

Thank you for helping us to individualize your child's program.

Head Start Staff Signature

Parent/Guardian Signature