

# Targeted Support Plan and Tracking

Child ID(s):

Date:

Review Date:

WHAT to Teach (Goal):

Form completed by:

Teacher / Coach / \_\_\_\_\_

| WHEN to Teach:   | HOW to Teach:<br>The following strategies can help achieve this goal... | What we want the child to do..... |
|--|---|-----------------------------------|
| <input type="checkbox"/> Free play<br><input type="checkbox"/> Outdoors<br><input type="checkbox"/> Care Routines<br><input type="checkbox"/> Structured | 1 Strategy:   |                                   |
| <input type="checkbox"/> Free play<br><input type="checkbox"/> Outdoors<br><input type="checkbox"/> Care Routines<br><input type="checkbox"/> Structured | 2 Strategy:   |                                   |
| <input type="checkbox"/> Free play<br><input type="checkbox"/> Outdoors<br><input type="checkbox"/> Care Routines<br><input type="checkbox"/> Structured | 3 Strategy:   |                                   |

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_

|                                |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|
| Strategy used:                 | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            |
| Child showed desired response: | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |
| Strategy used:                 | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            |
| Child showed desired response: | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |
| Strategy used:                 | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            |
| Child showed desired response: | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |



# Targeted Support Plan and Tracking

Multiple Children Data Sheet  
Date:                      Review Date:

WHAT to Teach (Goal):

Form completed by:  
Teacher / Coach / \_\_\_\_\_

|                    |                    |
|--------------------|--------------------|
| <b>1 Strategy:</b> | <b>Child will:</b> |
| <b>2 Strategy:</b> | <b>Child will:</b> |
| <b>3 Strategy:</b> | <b>Child will:</b> |

Date:                      /                      /                     

|  |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|
| The following teaching strategies were used: | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            | <input type="checkbox"/> 1                            |
|  | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            | <input type="checkbox"/> 2                            |
|  | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            | <input type="checkbox"/> 3                            |
| Child ID<br>_____                            | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |
| Child ID<br>_____                            | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |
| Child ID<br>_____                            | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |
| Child ID<br>_____                            | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No |

