

Parent and Teacher Action Form

Date: _____

Our plan for _____
(child's name)

GOAL

ACTIONS PARENTS AND TEACHERS WILL TAKE

1. _____
2. _____
3. _____

ACTIONS TEACHERS WILL TAKE

1. _____
2. _____

ACTIONS PARENTS WILL TAKE

1. _____
2. _____

As you put your plan into action, reflect on the following questions. Use your reflections to develop your next plan.

- ♦ Which idea(s) worked best? How do you know?
- ♦ Did things improve? When? What seemed to lead to improvement?
- ♦ Did you encounter setbacks? What seemed to cause them?
- ♦ What other idea(s) do you think might work?

We will check in to discuss progress or modify our plan on _____
(set a date six weeks to three months from now)

Signed

(teacher)

(parents)