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)