Head Start
MID-AMERICA REGIONAL COUNCIL

Program/School_____
Classroom_____

Goals and Strategies

Goal:			
Strategy/Next Step	Person Responsible	Follow-Up Date Date Completed	Resources/References
Strategy/Next Step	Person Responsible	Follow-Up Date Date Completed	Resources/References
Strategy/Next Step	Person Responsible	Follow-Up Date Date Completed	Resources/References
Strategy/Next Step	Person Responsible	Follow-Up Date Date Completed	Resources/References
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Educator Signature_____ **Coach Signature**_____

Date_____ **Date**_____