



The Children's Developmental Class CHILD INTERACTION PLAN

Child's Name _____ Age _____

Parent's Interaction Plan for Child: Our program is based upon the *Floor Time* approach in which a volunteer begins with your child's interest in play activities and moves to establish opportunities for increased personal communication and social growth through shared interactions.

List skills, needs, or behaviors you would like us to focus on during class. Although we do not "guarantee" changes in children, we would like your input regarding what you would like to see happen as a result of your child's experience with his/her volunteer while attending the **Children's Developmental Class**.

Please be as specific as possible.

Does your child need **close** supervision? yes no *(please describe, if "yes")*

Is your child able to take care of his/her own bathroom needs? _____

Are there any behaviors that we should be watchful for or discourage? *Please describe.*

What activities does your child love to do? What new activities might you like to see your child try?

Loves: _____

Try: _____
