|  |  |
| --- | --- |
| **Parent’s name:** |  |
| **Date started:** |  |
| **End date:** |  |



|  |  |  |  |
| --- | --- | --- | --- |
| **What I want to happen** | **What I’m going to do** | **When and where I’m going to do it** | **How did it go?** |
| 1. |  |  |  |
| 2. |  |  |  |

|  |
| --- |
| * **Focus ideas to help your child:**
 |
| talking | play skills | learning | behaviour |
| health and happiness | physical development | independence | making friends |
| * **Focus ideas to help you:**
 |
| Confidence | Knowledge | Enjoyment | Managing anxiety |
| Behaviour management | Routines  | Relationships | Health |