Head Start center for inclusion

Activity Matrix Form

Child's Name:
Date:
earning Objective:
- ime (Activity, Routine, or Transition):

Set up:
What are you going to say?
What are you going to do?
What will the infant or toddler do?
How will you respond?



Activity Matrix			
Daily Routine	Adaptation, modification, and/or teaching practice to support IFSP goal (consider environment, interactions, and planned learning experiences)	What supports might you need to implement these individualized practices?	
Arrival			
Morning Meal			
Morning Play Time			
Lunch			
Diapering/Toileting			
Afternoon Play Time			
Afternoon Snack			
Departure			

HEAD START CENTER FOR INCLUSION FUNDED BY THE OFFICE OF HEAD START DEPARTMENT OF HEALTH AND HUMAN SERVICES

This document was developed with funds from Grant #90HC0012 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, and the Office of Child Care by the National Center for Early Childhood Development, Teaching, and Learning. This resource may be duplicated for noncommercial uses without permission.