



EARLY LEARNING ALTERNATIVE ATTENDANCE PLAN



OESD: Approved Not Approved Approving Staff Name: _____

DCYF Approved Not Approved
(ECEAP): Not Approved

New Request Extension Completed By: _____ Date: _____

Site/Center Name: _____

Proposed Plan Start Date: _____ Proposed Complete Date: _____

Check the reasons a child temporarily cannot attend class/home visits below:

Health, mental wellness, or safety concern for the child/parent/caregiver Children experiencing homelessness, per McKinney-Vento

Prevention of child's harm to self or harm to others Extended leave due to cultural or religious reasons less than 30 calendar days

Provide a family narrative to justify an Alternative Attendance Plan: _____

How will this child transition back into regularly attending class/home visits? _____

DEVELOPMENTAL GOALS <i>Align with Individual School Readiness Goals—Preschool or Individual Developmental Support Strategies—Infant/Toddler</i>	How	Who Responsible	How Often
Social/Emotional Development <i>Example: send home social story about school</i>	<input type="checkbox"/> Home Visits <input type="checkbox"/> Phone Calls <input type="checkbox"/> Ready Rosie <input type="checkbox"/> Text/email	<input type="checkbox"/> Family Advocate <input type="checkbox"/> Teacher	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:
Perceptual/Motor/Physical Development <i>Example: Provide weekly take home back with yoga movements.</i>	<input type="checkbox"/> Home Visits <input type="checkbox"/> Phone Calls <input type="checkbox"/> Ready Rosie <input type="checkbox"/> Text/email	<input type="checkbox"/> Family Advocate <input type="checkbox"/> Teacher	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:
Language/Communication/Literacy <i>Example: Deliver a different book each week with a short extended lesson to complete at home.</i>	<input type="checkbox"/> Home Visits <input type="checkbox"/> Phone Calls <input type="checkbox"/> Ready Rosie <input type="checkbox"/> Text/email	<input type="checkbox"/> Family Advocate <input type="checkbox"/> Teacher	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:
Cognition: Math Development and Scientific Reasoning <i>Example: Deliver a new activity every bi-weekly</i>	<input type="checkbox"/> Home Visits <input type="checkbox"/> Phone Calls <input type="checkbox"/> Ready Rosie <input type="checkbox"/> Text/email	<input type="checkbox"/> Family Advocate <input type="checkbox"/> Teacher	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:

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My TS GOLD Observations			
<i>Example: send reminder email bi-weekly to share observations.</i>	<input type="checkbox"/> Home Visits <input type="checkbox"/> Phone Calls <input type="checkbox"/> Ready Rosie <input type="checkbox"/> Text/email	<input type="checkbox"/> Family Advocate <input type="checkbox"/> Teacher	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:
Health and Nutrition Supports			
<i>Example: Send HEAL flyer quarterly and connect about additional food needs.</i>	<input type="checkbox"/> Home Visits <input type="checkbox"/> Phone Calls <input type="checkbox"/> Ready Rosie <input type="checkbox"/> Text/email	<input type="checkbox"/> Family Advocate <input type="checkbox"/> Teacher	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other:
Family Visits/Family Goals/Mobility Mentoring			
<i>Example: Conduct bi-weekly home visit to support transition home and return to class.</i>	<input type="checkbox"/> Home Visits <input type="checkbox"/> Phone Calls <input type="checkbox"/> Ready Rosie <input type="checkbox"/> Text/email	<input type="checkbox"/> Family Advocate <input type="checkbox"/> Teacher	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other: