



Home Base Socialization Plan

Home Base Class: _____ Date of Socialization: _____

Classroom used for Socialization: _____

Number of expected children: _____ Number of expected parents/guardians: _____

Start Time: _____ End Time: _____

Meal Plan: 	Approved by: _____ (Signature of Nutrition Department)
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Transportation Plan: 	Approved by: _____ (Signature of Transportation Department)
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Circle Time: Key Experience:
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Planning, Work-Time & Recall: Key Experience:

Parent and Child Activity: Key Experience:
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Individualization:

Materials Needed: [] yes [] N/A - Purchase Request Attached or Central Store Order Attached

Equipment Needed: [] yes [] N/A - Work Order Attached

Funds Needed: [] yes [] N/A - Purchase Request Attached

Teacher Signature & Date

Approved by: _____
(Education Department)

Date approved on: _____