



Activity Matrix Form

Child's Name: _____

Date: _____

Learning Objective: _____

Time (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		