

CHILD/YOUTH SERVICES
SPECIAL PROJECT

NAME _____ DATE _____

NAME OF PROJECT _____ AGE GROUP _____

PURPOSE OF PROJECT: FINE MOTOR _____ GROSS
MOTOR _____ SOCIAL _____
COGNITIVE _____ LANGUAGE _____ EMOTIONAL _____

MATERIAL AND TIME REQUIRED TO COMPLETE:

DESCRIPTION OF PROJECT:

REVIEW/APPROVED BY _____ (BEFORE PROJECT IS DONE)
TACS

HOW DID CHILDREN REACT TO THIS PROJECT?

WERE PURPOSES MET OR ACHIEVED? EXPLAIN HOW.

HOW COULD THIS PROJECT BE IMPROVED?