

**Activity: “I can Balance, Can you?”**

**Developmental Focus Area: Physical Age: Infants/Toddlers -ages 1-2**

**Children should be engaged in Physical Development Activities daily. This is a great way to promote healthy growth, resulting in stronger bones and muscles. The primary objective of this activity is to allow your child to demonstrate his or her balancing skills.**

**(Materials you can use) shoeboxes, beam bags, teddy bears, balls, or any other appropriate object. Encourage your child to place object on his/her head and walk from one point to another without dropping it. As they show coordination move points further and further apart. You can make it challenging by making a zig zag or circles to have them move in or out and around.**

**Have others join your child during activity. Use positive and encouraging words by acknowledging his/her actions through task to encourage self- motivation.**

**Online Resource-**<https://activeforlife.com/49-fun-physical-activities-to-do-with-kids-aged-2-to-4/> **for more physical activities to enjoy with your child at home.**

***\*\*\*Please remember to read aloud to your child daily. We recommend reading a minimum of 3 hours a week with your child. C:\Users\BCCAP- Head Start\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VAOL3GO4\MC900437791[1].wmf***

**The PAL letters are developed to support your child’s academic/social emotional progress and related to the programs School Readiness goals.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Rate this activity from 1-5, circle your rating (5= highest rating): **1 2 3 4 5** Comments about the activity: (PROVIDE EXAMPLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that completing the at home activity and reading aloud to my child is equivalent to four hours volunteer time for the week.

**Parent’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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