

This planner needs to be completed one week prior to the planned FAST® Session. This allows ample time to gather needed supplies. If needed, you may add another page. Please return to the Agency Partner.

Program Date: \_\_\_\_\_

Session Number (Circle One):    1       2       3       4       5       6       7       8       9

**Activities for Infants/Toddlers:** \_\_\_\_\_

Materials Needed:

Team Member(s) Assigned:

Dedicated Area/Room:

**Station 1 Activity:** \_\_\_\_\_

Materials Needed:

Team Member(s) Assigned:

**Station 2 Activity:** \_\_\_\_\_

Materials Needed:

Team Member(s) Assigned:

**Station 3 Activity:** \_\_\_\_\_

Materials Needed:

Team Member(s) Assigned:

**Station 4 Activity:** \_\_\_\_\_

Materials Needed:

Team Member(s) Assigned: