

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: