

**FAMILY RESOURCE AGENCY OF NORTH GEORGIA  
HEAD START/PRE-K PROGRAM**

Early Literacy Mentor Plan of Action

Teacher \_\_\_\_\_ Classroom \_\_\_\_\_ Center \_\_\_\_\_

Early Literacy Mentor \_\_\_\_\_ Date \_\_\_\_\_

TRAINING/MENTORING GOALS	PERSON(S) RESPONSIBLE	EST. DATE OF COMPLETION	METHOD OF EVAL.