

**EDUCATION - SUMMARY OF SERVICES (EARLY HEAD START)**

CHILD'S NAME \_\_\_\_\_

DATE	PROGRESS NOTE #	SERVICE
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**E1. CHILD SCREENING AND ASSESSMENTS**

Developmental Screen

**ASQSE**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Ok       Behavior Concern  
 Ok       Behavior Concern  
 Ok       Behavior Concern

**Infant/Toddler ASQ**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Ok     Potential Problem     Potentially Advanced  
 Ok     Potential Problem     Potentially Advanced  
 Ok     Potential Problem     Potentially Advanced

**DECA**

(Teacher) \_\_\_\_\_  
 \_\_\_\_\_

(Parent) \_\_\_\_\_

Portage Developmental Assessment (entry baseline)

Update \_\_\_\_\_ Update \_\_\_\_\_ Update \_\_\_\_\_ Update \_\_\_\_\_

**E2. COMPREHENSIVE PARENT/STAFF CONFERENCE**

\_\_\_\_\_

**E3. INDIVIDUAL CHILD GOAL TRACKING SHEET**

**E4. CLASSROOM/HOME VISIT OBSERVATIONS**

\_\_\_\_\_

**E6. \_\_\_\_\_ PARENT TRANSITION PAPERWORK INITIATED**

**E7. SPECIAL EVENT AND FIELD TRIP PERMISSION**

**E8. CLASSROOM ATTENDANCE**

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July
# Days Present												
# Class Days												
Percentage												

**E9. HOME VISIT/HOME BASE ATTENDANCE**

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July
Date Home Visits	/	/	/	/	/	/	/	/	/	/	/	/
Socialization Experience	/	/	/	/	/	/	/	/	/	/	/	/

**E10. CULTURAL SURVEY**

**E11. PORTFOLIO CHECKLIST**

**E12. CLASSROOM/HOME VISIT ATTENDANCE PLANS**

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