

EDUCATION - SUMMARY OF SERVICES (HEAD START)

CHILD'S NAME _____

DATE	PROGRESS NOTE #	SERVICE
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E1. CHILD SCREENING AND ASSESSMENTS

Developmental Screen

ASQSE Ok Behavior Concern

ASQ Ok Potential Problem Potentially Advanced

DECA (Teacher) _____ (Parent) _____

Developmental Assessment (entry baseline)

Update _____ Update _____ Update _____ Update _____

E2. COMPREHENSIVE PARENT/STAFF CONFERENCE

E3. INDIVIDUAL CHILD GOAL TRACKING SHEET

E4. CLASSROOM/HOME VISIT OBSERVATIONS

E5. OUTCOME MEASURE TRACKING

Fall _____ Winter _____ Spring _____

E6. TRANSITION SURVEY COMPLETED

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