

**DISABILITIES - SUMMARY OF SERVICES**

CHILD'S NAME Pedro Estevan

DATE	PROGRESS NOTE #	SERVICE
------	-----------------	---------

**D1. POTENTIAL DEVELOPMENTAL CONCERN**

8/25/09 Concern identified (source of concern)  
8/25/09 parent (ASQ) / ASQSE - 7/19/09

8/25/09 Concern Discussed with Parent

8/25/09 Internal Referral

8/25/09 Internal Observation (by Head Start)

10/15/09 Release of Information from Parent obtained

**D2. PARENT/PROGRAM REFERRAL TO ESD**

10/15/09 Referral Date (by Education/Disabilities Director or parent directly to the ESD)

11/4/09 Observations/Evaluations by ESD

11/12/09 Qualified for services  Not Qualified for services

**D3. DISABILITY DOCUMENTATION**

11/12/09 Referral/Summary Form or Letter from ESD (check to see if in file)

11/12/09 IFSP Eligibility Meeting (MDT DATE)

Disability

Primary DD Secondary \_\_\_\_\_ (Only If Documented)

**D4. IFSP DATES**

Initial IFSP 11/12/09 Current IFSP 11/12/09

6 Mo Review 5/5/10 Annual \_\_\_\_\_

Kindergarten Transition mtg 5/5/10

**D5. SERVICES PROVIDED BY ESD CONSULTANTS/SPECIALISTS**

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July
Monthly Observation/ feedback				18	3,15	6,20	10,24	10,31	7,21	6		