

EDUCATION - SUMMARY OF SERVICES (EARLY HEAD START)

CHILD'S NAME _____

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

E1. CHILD SCREENING AND ASSESSMENTS

Developmental Screen

ASQSE

_____	<input type="checkbox"/> Ok	<input type="checkbox"/> Behavior Concern
_____	<input type="checkbox"/> Ok	<input type="checkbox"/> Behavior Concern
_____	<input type="checkbox"/> Ok	<input type="checkbox"/> Behavior Concern

ASQ

_____	<input type="checkbox"/> Ok	<input type="checkbox"/> Potential Concern	AREAS OF CONCERN (if applicable) _____
_____	<input type="checkbox"/> Ok	<input type="checkbox"/> Potential Concern	AREAS OF CONCERN (if applicable) _____
_____	<input type="checkbox"/> Ok	<input type="checkbox"/> Potential Concern	AREAS OF CONCERN (if applicable) _____

DECA (Teacher) _____ (Parent) _____

TS GOLD CHECKPOINTS

Initial _____ Update _____ Update _____ Update _____

E2. COMPREHENSIVE PARENT/STAFF CONFERENCE

E3. INDIVIDUAL CHILD GOAL TRACKING SHEET

E4. TRANSITION PAPERWORK INITIATED

E5. SPECIAL EVENT AND FIELD TRIP PERMISSION

E6. CLASSROOM ATTENDANCE/SOCIALIZATION ATTENDANCE

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

E7. HOME VISIT/HOME BASE ATTENDANCE

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

E8. CLASSROOM/HOME VISIT/SOCIALIZATION ATTENDANCE PLANS

E9. Intentional Teaching Checklist _____