

EDUCATION - SUMMARY OF SERVICES (HEAD START)

CHILD'S NAME _____

DATE	PROGRESS NOTE #	SERVICE
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Developmental Screen

ASQSE

_____ Ok Behavior Concern
 _____ Ok Behavior Concern

ASQ

_____ Ok Potential Concern AREAS OF CONCERN (if applicable) _____
 _____ Ok Potential Concern AREAS OF CONCERN (if applicable) _____
 _____ Ok 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. KINDERGARTEN READINESS (for children transitioning to Kindergarten)

DATE OF SCREENING	FALL SCORE	SPRING SCORE

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 _____