



Disabilities Tracking Checklist

Child's Name: CPID:	Parent/Guardian(s) Name(s):
Center Name:	Teacher:

At Application Intake:

Date	Initials	Activity
		<p>FSW: During the application intake process, parents/guardian state that their child is receiving special education services or have a suspected disability.</p> <p>FSW: If parent/guardian states that they are, then they are asked to sign the Disabilities Service Release of Information form. FSW: will ask parents during the application process for the name of the agency the child is receiving services.</p>
		<p>FSW: Will also ask to provide a copy of (ARD/IEP/IFSP) or Evaluation and goals from outside private therapy if available.</p>
		<p>FSW: Will email the Disability Department to notify them that a child has applied for the Head Start Program and has an IEP/IFSP or suspected disability. They will scan and email the signed parent.</p>
		<p>FSW: Consent form to the Disability Department, who will then email to the school district or ECI agency and copy of ARD/IEP/IFSP if available.</p>

At Registration:

Date	Initials	Activity
		<p>FSW: Entry into the Program: Parent Interview /Intake Folder Completion. Follow up with parent on any documentation pending or that indicates that the child/family has one of the following on the Child Health History-: FSW will document any information pertaining the following documents IEP/IFSP or Physician concerns: The physical exam may note an area of concern made by physician. The physician may have a some special needs concern.</p> <p>FSW: The physician may have a potential special needs concern. The FSW will communicate via email with the Disability/Health/Education Department to make them aware of their concern. FSW/Area Manager will monitor and follow up on child's physical concern.</p>

At Enrollment:

Date	Initials	Activity
		<p>Disability/Education Staff: Will give the child's assigned Teacher a copy of the most recent IEP/IFSP and kept secure in the classroom for easy access.</p>

Identification of children with developmental concerns:

Date	Initials	Activity
		<p>NINOS Teaching Staff: Developmental Screening (ASQ EHS) completed within 45 days of first day of service, child scores a "rescreen" or "refer".</p> <p>Initial Lap-D Screening Information Date: _____ Passed/Failed: _____</p>
		<p>Review family file for additional information regarding the child's development or parent concerns.</p>
		<p>NINOS Teaching Staff: if child scored as a "Failed" Head Start teacher will give HS parent an ASQ 3 Questionnaire paper form or online for child that failed Lap D. Screening and complete within 2-week time frame.</p> <p>Date: _____ ASQ-3 Passed _____ Refer _____</p>
		<p>Disability Staff: will review and collect all supporting documents to be included in the referral packet for completion. (Lap Screening, Assessments, ASQ 3, ASQ SE-2, Physical, Immunizations, Vision, and Hearing screenings) etc.</p>

Initiate referral process for children scoring a "refer" or failed the ASQ-3

Date	Initials	Activity
		<p>Teaching Staff: Discuss screening results and observations with family. Discuss with the family the purpose and value of a referral:</p> <ul style="list-style-type: none"> • to the school district • to an early intervention program for a developmental evaluation of the child when appropriate.
		<p>Teaching Staff/FSW: Intervention form and Release of Information. Please Note: If a parent refuses services, the parent signs the refusal of services on the intervention packet. The documentation is kept on file.</p>
		<p>FSW/Area Manager: All forms required by early intervention/district program for referral are completed and given to the EHS/HS Disability Coordinator/Disability Specialist</p>
		<p>Disability Staff: Will complete and attach completed ECI/ISD referral via email or via fax for processing along with other needed documentation.</p>

ECI/District decides to proceed with an evaluation:

Date	Initials	Activity
		<p>If the child DOES NOT qualify for special services, contact the family to discuss how we can best work with the child/family.</p>
		<p>If the family qualifies for special services, contact the family to discuss any upcoming IFSP/IEP meetings periodically or annual reviews.</p>

Individual Educational Plan/Individual Family Service Plan Meeting:

Date	Initials	Activity
		<p>Call the family the day before the IFSP/IEP meeting to remind them and ask if they need any assistance in order to attend.</p>
		<p>Disability/Education/FSW: Attend IFSP/IEP meeting.</p>
		<p>Disability: Following that services have begun as indicated on the IFSP/IEP. Document in Child Plus</p>
		<p>Disability: As soon as a copy of IFSP/IEP is obtained 2 copies will be printed and provided to center level. 1 copy for teacher and 1 copy for family file.</p>
		<p>Disability/Education Staff: Will give the child's assigned Teacher a copy of the most recent IEP/IFSP and be kept secure in the classroom for easy access.</p>
		<p>Teacher: Will include primary IFSP/IEP goal for child in Lesson Plan under Individualization and document on the IEP/IFPS Service Plan Form.</p>
		<p>FSW: File copy of the IEP/IFSP in the Family File.</p>

****Steps should be documented in the database**

Notes: _____
