Center Based Child Services Monitoring Log Preschool Head Start/ECEAP

Th	ing Follow-Up needs to be documented in the Action is would include attempts, missed activities, parent in			
	Activity/Service	Date Completed	Results Follow Up OK	
	Developmental Screening Parent		Tonow ep	
	Questionnaire			
FDS:	Developmental Screening (45 days)			
45.0	DECA Parent Form			
45 Days	DECA Screening Tool (45 days)			
	Initial Family Contact			
Date	TS Gold Home Language Survey			
	Parent Baseline Questionnaire			
	Getting To Know (may be filed in portfolio or family file)			
	Request for Mental Health Services	XXXXXXXXXXX	XXXXXX	XXX
	Incident Reports	XXXXXXXXXXX	XXXXXX	XXX
	•		•	
First Assessment	Service	Date Completed	Results	
Period		Date Completed	Follow Up	OK
Fall	TS Gold Individual Child Report			
If child not enrolled put N/A here	Individual Learning Plan			
Second Assessment	Service	Date Completed	Results Follow Up OK	
Period	TS Gold Individual Child Report		ronow op	OK
Winter If child not enrolled put N/A				
here	Individual Learning Plan			
Third Assessment	Service	Date Completed	Results Follow Up OK	
Period	TS Gold Individual Child Report		топом ор	OK
Spring If child not enrolled put N/A	Individual Learning Plan			
here	marvidua Zearinig Fian			
	g .	D. C. I.C.	Results	
	Service	Date Completed	Follow up	OK
When Child Leaves	Transition			
When Child Leaves Program or Enters	Transition			
	Transition Copy of TS Gold Individual Child Report If IEP- Must Be Kept In Child's File			

IEP Monitoring Log Preschool Head Start/ECEAP Child Services

	d Last Name: Program Year:			
	ng Follow-Up needs to be documented in the Action s would include attempts, missed activities, parent in		Inly).	
	Activity/Service	Date Completed	Results Follow Up OK	
Children who entered	Signed IEP			
with an IEP	Parent Questionnaire			
Reason For IEP:	Signed Exchange of Information			
	IEP Review Date			
		l		<u> </u>
	Service	Date Completed Resurve Follow Up		
Children who we refer	Referral / Screening Summary			
	Actual date of Child Find			
to Special Ed for NKSD & BSD	Disabilities Checklist			
	IEP Meeting			
	Signed IEP filed in file			
	IEP Review Date			
Children who we refer	Service	Date Completed	Results Follow Up OK	
	Referral/ Screening Summary			
	Actual date of Child Find			
to Special Ed in SKSD	Disabilities Checklist			
to Special Ed in SKSD	Disabilities Checklist IEP Meeting			
to Special Ed in SKSD	Disabilities Checklist IEP Meeting Signed IEP filed in file			
to Special Ed in SKSD	Disabilities Checklist IEP Meeting			
to Special Ed in SKSD	Disabilities Checklist IEP Meeting Signed IEP filed in file			
to Special Ed in SKSD	Disabilities Checklist IEP Meeting Signed IEP filed in file	Date Completed	Resul Follow Up	
to Special Ed in SKSD	Disabilities Checklist IEP Meeting Signed IEP filed in file IEP Review Date Service	Date Completed		
to Special Ed in SKSD	Disabilities Checklist IEP Meeting Signed IEP filed in file IEP Review Date	Date Completed		
	Disabilities Checklist IEP Meeting Signed IEP filed in file IEP Review Date Service Referral /Screening Summary and CK	Date Completed		
Children who we refer	Disabilities Checklist IEP Meeting Signed IEP filed in file IEP Review Date Service Referral /Screening Summary and CK Packet CKSD Social/Emotional/Behavior Referral Form	Date Completed		
	Disabilities Checklist IEP Meeting Signed IEP filed in file IEP Review Date Service Referral /Screening Summary and CK Packet CKSD Social/Emotional/Behavior Referral Form Actual date of Child Find	Date Completed		
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