

## Partnership Child Services Monitoring Log Preschool Head Start

Child's First & Last Name \_\_\_\_\_ Program Year \_\_\_\_\_

*Anything requiring Follow-Up needs to be documented in the Action Log.  
This would include attempts, missed activities, parent involvement, etc.*

| 45 DAYS EXPIRES | SERVICE                                   | DATE COMPLETED | RESULTS OK / FOLLOW-UP |
|-----------------|---|----------------|------------------------|
|                 | ASQ                                       |                |                        |
|                 | ASQ-SE                                    |                |                        |
|                 | Incident Reports (Center-Based) as occurs | XXXXXXXXXX     | XXXXXXXXXX             |
|                 | Request for Mental Health Services        | XXXXXXXXXX     | XXXXXXXXXX             |

| FALL ASSESSMENT PERIOD<br><br>JULY 1 - NOV 15 | SERVICE                                      | DATE COMPLETED |
|---|--|----------------|
|   | AEPS Family Report I                         |                |
|   | AEPS Child Observation Data Recording Form I |                |
|   | ILP (Individualized Learning Plan)           |                |

| WINTER ASSESSMENT PERIOD<br><br>NOV 16-MARCH 15 | SERVICE                                      | DATE COMPLETED |
|---|--|----------------|
|   | AEPS Family Report I                         |                |
|   | AEPS Child Observation Data Recording Form I |                |
|   | ILP (Individualized Learning Plan)           |                |

| SPRING ASSESSMENT PERIOD<br><br>MARCH 16-JUNE 30 | SERVICE                                      | DATE COMPLETED |
|--|--|----------------|
|  | AEPS Family Report I                         |                |
|  | AEPS Child Observation Data Recording Form I |                |
|  | ILP (Individualized Learning Plan)           |                |

|  |                    |
|--|--------------------|
| <b>PORTFOLIO (CENTER BASED) GIVEN TO FAMILY OR NEXT SITE</b> _____ | <b>DATE:</b> _____ |
|--|--------------------|

\*Anything needing follow-up will be documented in the Action Log

## IEP Monitoring Log Preschool Head Start/ECEAP Child Services

Child's First & Last Name: \_\_\_\_\_ Program Year: \_\_\_\_\_

*Anything requiring Follow-Up needs to be documented in the Action Log.  
This would include attempts, missed activities, parent involvement, etc.*

| Children who entered with an IEP<br><br>Reason For IEP: | Activity/Service               | Date Completed | Results   |    |
|---|--------------------------------|----------------|-----------|----|
|   |                                |                | Follow Up | OK |
|   | Signed IEP                     |                |           |    |
|   | Parent Questionnaire           |                |           |    |
|   | Signed Exchange of Information |                |           |    |
|   | IEP Review Date                |                |           |    |

| Children who we refer to Special Ed for NKSD & BSD | Service                      | Date Completed | Results   |    |
|--|------------------------------|----------------|-----------|----|
|  |                              |                | Follow Up | OK |
|  | Referral / Screening Summary |                |           |    |
|  | Actual date of Child Find    |                |           |    |
|  | Disabilities Checklist       |                |           |    |
|  | IEP Meeting                  |                |           |    |
|  | Signed IEP filed in file     |                |           |    |
|  | IEP Review Date              |                |           |    |

| Children who we refer to Special Ed in SKSD | Service                     | Date Completed | Results   |    |
|---|-----------------------------|----------------|-----------|----|
|   |                             |                | Follow Up | OK |
|   | Referral/ Screening Summary |                |           |    |
|   | Actual date of Child Find   |                |           |    |
|   | Disabilities Checklist      |                |           |    |
|   | IEP Meeting                 |                |           |    |
|   | Signed IEP filed in file    |                |           |    |
|   | IEP Review Date             |                |           |    |

| Children who we refer to Special Ed in CKSD | Service                                      | Date Completed | Results   |    |
|---|--|----------------|-----------|----|
|   |  |                | Follow Up | OK |
|   | Referral /Screening Summary and CK Packet    |                |           |    |
|   | CKSD Social/Emotional/Behavior Referral Form |                |           |    |
|   | Actual date of Child Find                    |                |           |    |
|   | Disabilities Checklist                       |                |           |    |
|   | IEP Meeting                                  |                |           |    |
|   | Signed IEP filed in file                     |                |           |    |
|   | IEP Review Date                              |                |           |    |