

## Disabilities Services Checklist

Child's Name:	Parent/Guardian(s) Name(s):
Child's Home School District:	Teacher/Primary Caregiver/Home Visitor:

### Identification of children with developmental concerns

Date	Initials	Activity
		Developmental Screening (ASQ/ESI) completed within 45 days of first day of service, child scores a "re-screen" or "refer".
		Initial Screening Information Date: _____ Score: _____ Re-screen _____ Refer _____
		Review family file for additional information regarding the child's development.
		If child scored as a "re-screen", administer the screening again within 8 weeks; if child scores as a "re-screen" again consult with EHS/HS Child Development Program Manager. If child scored as a "refer" see below.
		Rescreen information Date: _____ Score: _____ Pass _____ Re-screen _____ Refer _____

### Initiate referral process for children scoring a "refer" or for children who have repeated "re-screen" scores.

Date	Initials	Activity
		Discuss screening results and observations with family. Discuss with the family the purpose and value of a referral: <ul style="list-style-type: none"> <li>• to the school district</li> <li>• to an early intervention program for a developmental evaluation of the child when appropriate.</li> </ul>
		Request parent's signed permission to exchange information with the early intervention program/school district ( <i>Screening Summary</i> )
		All forms required by early intervention/district program for referral are completed and taken to the EHS/HS Child Development Program Manager.

### District decides to proceed with an evaluation

Date	Initials	Activity
		If the child <b>DOES NOT</b> qualify for special services, contact the family to discuss how we can best work with the child/family.
		If the family <b>qualifies</b> for special services, contact the family to discuss the upcoming IFSP/IEP meeting.

### Individual Educational Plan/Individual Family Service Plan Meeting

Date	Initials	Activity
		Call family the day before the IFSP/IEP meeting to remind them and ask if they need any assistance in order to attend.
		Attend IFSP/IEP meeting.
		Follow up that services have begun as indicated on the IFSP/IEP. Document in Family File.
		Include primary IFSP/IEP goal on the child's ILP
		File copy of the IEP/IFSP in the Family File.

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