

Center: \_\_\_\_\_  
 Family advocate: \_\_\_\_\_ Teacher: \_\_\_\_\_

East Missouri Action Agency, Inc. Head Start  
**DISABILITIES ALERT LIST**

For Disabilities Specialist Use

Date copied: \_\_\_\_\_

Use this form during Family Engagement Staff meetings. The disabilities specialist will make a copy during each center visit.

**OPTAIN REPORTS: ChildPlus Health Report 3020 (developmental/speech/vision/hearing); Disabilities Report 3520 (IEPs) and 3540 (Concerns)**

revised 2015

Child's name:  Birth date: _____ IEP before enrollment? yes no <i>If yes... What?</i>  <i>Go to last column</i>  <i>If no....</i> FE Staff Mtg date:  Teacher concerns:	<b>Parent concerns on application/DIAL-4 Parent Q, Part 3:</b>  <b>Screening Information</b> <u>DIAL-4:</u> Mo____/Con____/Lan____ P C  Speech Score: ____ - ____ P C  <u>Sensory:</u> Vision: R____L____ P C Hearing: R____L____ P C  <u>Social/Emotional/Behavior</u> : __none __concern-what?	<b>Concerns parent/screen:</b> <b>No follow-up needed</b> <i>Each need contact/trans.</i> <u>Put in manila file.</u>  ___ P screen-no concerns ___ School speech - OK ___ P rescreen: date: ____ ___ F/C Staff document & Con/trans—no need ___ Parent: no (end of yr)	<b>Concerns parent/screen: Follow-up needed</b> <i>All need contact/trans. Put in purple folder</i> ___ Parent in process at enrollment ___ Obtained <b>Consent for Release</b> ( <i>put in purple</i> ) ___ Parent not ready: include bimonthly contact <b>Referral</b> made: Date: _____ How? _____ Gave parents: ___ IEP Process ___ Rights  <b>Parental Consent for Initial Evaluation</b> ___ <i>If obtained, copy.</i> Date signed: _____  <b>IEP date:</b> _____ ___ OR Evaluated—not eligible	<b>Information in purple file</b>  Prior: IEP date: _____ ___ Consent for Release ___ Copy of IEP ___ Teacher has goals  <u>Ongoing communication:</u> ___ Oct/Nov ___ Dec/Jan ___ Feb/Mar	<b>Notes:</b>
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