

## HEAD START DEVELOPMENTAL SUMMARY (4K)

Reach Dane  
2096 Red Arrow Trail, Madison, WI 53711  
(608) 275-6740

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ School Year \_\_\_\_\_

Program \_\_\_\_\_ Head Start Teacher \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

Attending Public School (Name) \_\_\_\_\_

**Classroom Based Head Start Program Model:** A comprehensive preschool program, meeting 4-5 days per week, including one nutritious meal and snack. Bus transportation often provided. Families receive home visits stressing their role as the child's primary teacher. Children receive developmental assessments, and health and dental screenings. Individualized programming using Creative Curriculum, is designed for maximum social / emotional, cognitive, language, and physical skill development.

This child attended: \_\_\_\_\_ 9 month \_\_\_\_\_ 12 month \_\_\_\_\_ 4 day/week \_\_\_\_\_ 5 day/week

**Are there specific health concerns/services that teaching staff should be aware of?**

Child referred by Head Start for an IEP evaluation?  Y  N Diagnosis: \_\_\_\_\_

Child enrolled in Early Childhood?  Y  N Speech / Language Only?  Y  N

**Family Comments:** (Things my child has learned. Things my child's next teacher should know.)

**Family Strengths:**

**Summer Transition Activities/Goals:**

I give permission for Head Start to share this report, along with other medical, dental, social/emotional, speech and language, and developmental records with the public school.  Y  N

\_\_\_\_\_  
Parent(s) Signature Date

\_\_\_\_\_  
Teacher(s) Signature Date

*The information in this report remains confidential until released in writing by the parent.*