

HEAD START DEVELOPMENTAL SUMMARY (Eligible to Return-ETR)

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

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

Child's Name _____ DOB _____ School Year _____

Program _____ Head Start Teacher _____

Name of Parent(s) or Guardian _____ Phone _____

Address (Street) _____ (City, State, Zip) _____

Child Returning: Yes No Attending Public School (Name) _____

Overall Attendance: _____ regular _____ irregular - excused _____ irregular - unexcused

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

Special Needs:

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

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

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

Teacher Summary: (Child Strengths & Considerations)

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

Parent(s) Signature _____ Date _____

Teacher(s) Signature _____ Date _____

Original to Master File One Copy to Child's File One Copy to Parent/Guardian #203.a (6/18)