

HEAD START DEVELOPMENTAL SUMMARY (Home Based)

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/guardian.

Child's Name	DOB	School Year	
Program	Home Visitation Teacher		
Name of Parent/Guardian	ardianPhone		
Address (Street)	(City, State, Zip)		
Child Returning: ☐ Yes ☐ No Attending	Public School (Name)		
Overall Attendance: regular	irregular - excused	irregular - unexcused	
Home Based Head Start Program Model: viewed as the child's primary teacher, work appropriate learning experiences. Parents a and assist in setting and updating goals for screenings. Individualized programming usi language, and physical skill development.	along with the Home Visitation Teache are encouraged to work daily with their of their child. Children receive developme	r to provide the child with developmentally child on activities provided by the teacher ntal assessments, and health and dental	
Special Needs:		······································	
Child referred by Head Start for an IEP eva Diagnosis:			
Child enrolled in Early Childhood? ☐ Y	□ N Speech / Language Only? □	Y 🗆 N	
Parent/Guardian Comments: (Things my	child has learned. Things my child's no	ext teacher should know.)	
I give permission for Head Start to share language, and developmental records wi		, dental, social/emotional, speech &	
Parent/Guardian Signature		Date	
Teacher(s) Signature		Date	



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	Child's Name
1.	Child's Strengths:
2.	Family Strengths:
3.	Describe this child's behavior/participation in the following situations (include successful strategies): a. With a group of 2 to 3 peers:
	b. In a small group activity:
	c. In a large group setting:
4.	What, if any, behavior management considerations are needed with this child:
5.	Are there specific health concerns/services that teaching staff should be aware of?
6.	Summer transition activities/goals: