

# Interim Services Plan

Head Start       Early Head Start

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referral has been made to: \_\_\_\_\_ Date: \_\_\_\_\_

The following services will be provided at Head Start/ Early Head Start while the child’s referral is being processed by the public school or SoonerStart.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Date

Disabilities Coordinator

Date