

## 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

\_\_\_\_\_