Crossroads Head Start/Early Head Start

D-212

Monthly Disability Service Report

Child's Name_____ **Month/Year** _____ **Date of Birth** _____

Staff _____ **Center/ Room** _____

Type of Service Report:

Head Start		Early Head Start
Individualized Education Plan (IEP)	or	Individual Family Service Plan (IFSP)
☐		☐

Document each goal addressed in the classroom.

Goal(s) for the month: _____

_____

_____

_____

Document progress toward the goal: _____

_____

_____

_____

Monthly:

***Highlight individualized activities on the lesson plans.**

***Attach lesson plans to the D-212 for each individual child.**

*** Place a copy in the child's folder, give a copy to the parent, and give a copy to the Mental Health/Disabilities Coordinator.**

_____ _____

Teacher's Signature **Date**

Rev. 7/31/2022