Child's Name: DOB: ______Doctor: _____ EHV: ______Dentist: _____ FDOA: ______Soonercare: Yes or No 45 Day: _____ 90 Day: _____ Date Document Date Expires **Updates:** 45 or Results Completed 90 Received ASQ-3 45 45 **ASQ-SE** Hearing 45 45 Vision 45 Speech 45 Ht/Wt Ht: Wt: Feb Ht/Wt Wt: Ht: 90 **Physical EHS WCC EHS WCC EHS WCC EHS WCC** 90 Hgb/Hct 90 12 m Lead 24 m Lead 90

IFSP: _____

90

Dental

^{*}This form to be placed in the front, outside cover of the child folder.

Crossroads Head Start/Early Head Start

2022-2023

Child Folder

☐ Head Start/Early Head Start Sign-in Sheet	
☐ Enrollment Home Visit Checklist	
☐ Center/Home Visit Checklist	
☐ Year One	
☐ Year Two	
☐ Year Three	

Crossroads Head Start/Early Head Start

Confidential Folder Sign-In Sheet

Child's Name:	Center:	If Transfer/Location:
Birthdate:	Room #:	Drop Date:
All Person	ns Accessing this Folder MUST Sign Below	(excluding teaching staff/parents)
Date	Signatures	Reason for Visit

Parent/Teacher Conference/Home Visit Checklist

Year: 1 2 3 (circle one) Child's Name: Classroom: √ Check each item as discussed. Parent/Guardian and staff must sign upon completion. **October Parent/Teacher Conference** Forms to be REVIEWED: **Comments: Emergency Contact Card** Required Signatures—Application & Child Folder Family Strengths, Self-Assessment & Goals Volunteer Opportunities & Home Packet/RAR Education Section Updated **Medical Screens REVIEWED: Referral Notes:** Hearing/Vision Screen Results ASQ-3 Questionnaire ASQ-SE Questionnaire Physical/Dental in Child Folder Speech Screen Results Referred to Family Advocate Oct. 1st IEP/IFSP Status Date Physical Scheduled: _____ Date Dental Scheduled: _____ ____Upcoming Events: _____ Parent Signature: _____ Date: ____ Date: ____ Date: ____ Date: _____ Date: _____ **March Home Visit** Forms to be REVIEWED: **Comments:** Emergency Contact Card Transition Packet, if applicable Family Strengths, Self-Assessment & Goals Volunteer Opportunities & Home Packet/RAR Education Section Updated Medical Referrals or Follow-Ups IEP/IFSP Review Dates: _____ Parent Signature: ______ Date: _____ Date: _____ Date: _____ Date: _____ May Parent/Teacher Conference Forms to be REVIEWED: **Comments:** Emergency Contact Card Transition Packet, if applicable Family Strengths, Self-Assessment & Goals Volunteer Opportunities & Home Packet/RAR Education Sections Updated

Parent Signature: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____

Portfolio Contents Given to Parent
IEP/IFSP Review Dates: ______

2022-2023 APPLICATION SECTION

☐ Completed Signed Application (including the following items in that order) Coding/Score Sheet Interview Sheet 2-page Application
☐ Copy of Guardianship Documentation (if applicable)
☐ Copy of Birth Certificate
☐ Copy of Current Medical Card or Card Number

2022-2023 FAMILY HISTORY SECTION

☐ Consent for Head Start/Early Head Start Services	
☐ Lead Screening Questionnaire	
☐ Family/Child History	
☐ H-319's regarding Family/Child History	
☐ Child Mental Health and Disability History	
☐ H-319's regarding MHD History	

Consent for Crossroads Head Start/Early Head Start Services

While my child/ward,	, date of birth	, is participating
in the Head Start/Early Head	Start program, I agree that: Please initial below to acknowledge:	
Diagnosis and Treatment) guide performance standards. These	uired health screenings in order to meet EPSDT (Early, lines as put forth by the State of Oklahoma and the He screenings may include, but are not limited to, sensory a developmental screening, and a dental screening.	ad Start program
	teeth following meals while in the Head Start/Early Heap proved fluoride toothpaste. All infants will have their a	
	t Head Start/Early Head Start by a mental health and/clopmental/behavioral screening process.	or child development
	lead Start/Early Head Start to use my child's picture/vio gram and for educational brochures and/or displays de	
I give my permission for H (Oklahoma Immunization Servic	lead Start/Early Head Start to obtain my child's immuni e).	zation record from OSIIS
I acknowledge that I receithe following were explained toPedestrian SafetyExclusion PolicyHead Lice PolicyMedication Admin	Information	art Parent Handbook and
I acknowledge that I recei	ved a copy of the Privacy Policy.	
neglect to the Department of Hu	ad Start/Early Head Start shall report any suspected casuman Services, in accordance with Oklahoma State law aily documentation related to the suspected cases).	
information shall be kept strictly only pertinent data concerning the alth records), with other health	s explained to me and understand their content. I und confidential by the staff. I give my permission for stafmy child/ward and/or family (which may include review th care and/or social service professionals who may be another agency or person without prior written constellaw.	f to confidentially discuss ving your child's folder, of assistance. No records
Parent/Guardian Signature: _	Date: _	
Staff Signature:	Date: _	
Year two:		
Parent/Guardian Signature: _	Date: _	
	Date:	
Year three:		
	Date: _	
Staff Signature:	Date:	

2022-2023 NUTRITION SECTION

☐ Growth Chart (provided by data team)	
☐ BMI Parent Letter (if applicable)	
☐ Special Diet Form (if applicable) (N-612)	
☐ Infant Food and Formula Sheet (if applicable) (N-614)	

2022-2023 MEDICAL INFORMATION SECTION

☐ Childplus form 3030 Participant Health Summary (most recent only)
☐ Medical Progress Notes (H-324)
☐ Individualized Health Plan (H-317) (if applicable)
☐ Decline of Services as approved (H-304)
☐ Medical Data Collection (H-301)
$\hfill\square$ Hemoglobin/Hematocrit Results (H-325) or from a Medical Professional
☐ Lead Results
☐ Dental Data Collection (H-301a)
☐ Hearing/Vision Screening Results (H-303)
☐ Referral Form (H-319's) as applicable
☐ Supplement Referral Forms (H-319a-g) as applicable
$\hfill \square$ Authorization to Release/Receive Information (D-216) as applicable
☐ Health Needs Reminder Form (H-318)

Medical Progress Notes

90 day Physical/Well Child Exam Date:	Received:	Expires:	
Hbg/Hct Screening Date: Receiv	ved:		
12 month Lead Screening Date:	Received:		
24 month Lead Screening Date:	Received:		
(only 1 lead required for Head Start Student	s)		
Physical Progress Notes:			
Physicals Complete: (Circle as they are	e completed)		

2m 4m 6m 9m 12m 15m 18m 24m 30m 3year 4year 5year

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Medical Progress Notes

Dental Exam Date:	Received:	Expires:	
Dental Progress Notes:			

Medical Progress Notes

2022-2023 AUTHORIZATIONS SECTION

☐ Authorization to Administer Medications (H-312)
☐ Authorization to Return to School (Provided by the Physician/Clinic)

2022-2023 MENTAL HEALTH SECTION

☐ ASQ-SE Referral Evaluation Report (H-319) (if applicable)
Behavior Intervention
☐ Behavior Reflection Summary (B-5)
☐ Parent Meetings (MH-403)
☐ Written Individual Behavior Plan (IBP) (B-4)
<u>Counseling Referrals</u>
Counseling Referrals ☐ Referral Evaluation Report (H-319)
Referral Evaluation Report (H-319)

2022-2023 DISABILITIES SECTION

2022-2023 DISABILITIES SECTION

Place the following information behind this page in order as follows:

Sooner Start Referrals (EHS)

(If not Eligible for an IFSP)
$\hfill \square$ Sooner Start documentation of DNQ (MECATS) (if available)
(If Eligible for IFSP)
☐ Copy of Individual Family Service Plan (IFSP)
☐ Monthly Disability Service Reports (D-212)
Public School Referral (HS)
(If parent does not consent for recommended referral)
☐ Decline for Referral or Evaluation (D-200 Decline)
(If not eligible for an IEP)
☐ Public School Documentation of DNQ (MEEGS) (if available)
(If Eligible for an IEP)
☐ Copy of Individual Education Plan (IEP)
☐ Monthly Disability Service Reports (D-212)

2022-2023 FAMILY SERVICES SECTION

☐ Memorandum of Understanding (F&CE-508)
☐ Family Strengths Self-Assessment (F&CE-509a)
☐ Social Service Referrals (H-319) if applicable
☐ Family Strengths and Goals (F&CE-509)
☐ Goal Tracking Sheet (Provided by Family Advocates)
☐ Child Plus Contact Notes (Provided by Family Advocates)
☐ Volunteer Ways to Help Questionnaire (F&CE-513)
☐ Parent Education Survey (F&CE-502)

**This section must be completed yearly.
☐ Year One
☐ Year Two
☐ Year Three

MEMORANDUM OF UNDERSTANDING

PS 1304.40 (a)(1)(2)(3)(4)(5)

Crossroads Youth and Family Services, Inc. Head Start/Early Head Start Program

The Crossroads Head	l Start/Early Head Start Program and	l the	family are entering
into a partnership up throughout the year.	on the enrollment of their child into	the Program and will work	together as partners
The Head Start/Ear	ly Head Start Program will: (Tea	cher Initials)	
	Provide social, emotional, develop in an environment that is safe and		
	Program will work with families we needs to the best extent possible in		needs, to meet those
	We hope to assist families with go goals.	al setting, providing direct	ion in attaining those
Head Start/Early H	ead Start Parents/Guardians will:	(Parent Initials)	
	Become partners in their child's le	arning experience.	
	Parents will bring child to school of 90%. Parents will call the school		
	Parent will work with staff in developolicies, and participating in ongo parent meetings, workshop training	ng program activities and	requirements, such as
	Parents will provide center with cois healthy and ready to learn.	omplete Physical and Denta	al to ensure that child
from participating. I	by signing this, we are entering into a f at any time the family expresses the ad Start/Early Head Start will be rea	e willingness and/or reading	ness to pursue further
Parent/Guardian(s) S	ignature	Date	
Staff Signature		Date	

Original in Child's Folder-Copy to Parent Rev. 7/31/2022





F&CE-509A

Family Strengths & Self-Assessment

Family Member's Name:	
Child's Name:	Child's Center/Classroom:
Date Completed:	<u> </u>

Welcome to Crossroads Head Start! We are delighted that your child is a part of our Head Start program.

We look forward to a wonderful partnership to support your child's school readiness together. As outlined in the Memorandum of Understanding that you signed when your child enrolled in our program, two of the ways that we support this partnership are:

- To work with you to set goals that will support your child's education at home.
- To help you identify your strengths and skills and work with you to reach you own goals.

In order to accomplish these two goals, we'd like to learn a little more about your family. We are interested in what you consider to be your family's greatest strengths as well as areas where you think your family might benefit from some support.

To help us get to know you, we would appreciate if you would take a few minutes to complete this Family Strengths & Self-Assessment.

If you need assistance filling out this Self-Assessment or have any questions, our family advocates are here to help. Once you have completed the survey, our staff will review and follow up with you to begin to set goals to support you and your child.

Thank you for your time! We are privileged to partner with your family!

		A Famil	y Life P	ractices	
1. Promoting Literacy	in the Ho	ome Envi	ronmei	<u>nt</u>	
When was the last time y	ou read to	your child?			
☐ I read to my ch	ild last nigl	ht.			
☐ I read to my ch	ild within t	the last two	days.		
☐ I read to my ch	ild within t	the last wee	k.		
☐ I read to my ch	ild within t	the last two	weeks.		
□ I don't general	ly read to n	ny child.			
What was the name of th	e last book	that you re	ead to yo	ur child?	
For staff use only:	0	1	2	3	
2. Positive Discipline					
How well does your child	follow the	rules that y	ou have	for him/her?	
□ My child is gen	erally well	behaved ar	nd is able	to follow the r	ules we've set for him/her.
□ My child some	times does	n't rememb	er to foll	ow our rules, b	ut follows them when reminded.
☐ My child's beh	avior chang	ges from on	e day to	the next. Some	etimes he/she follows our rules
and sometimes					
☐ Our child often	has a diffi	cult time fo	llowing t	he rules we hav	ve in our house for him/her.
When do you use time-ou	ut with you	ır child?			
□ Never	•				
☐ Less than once	a week				
☐ A few times a v	week				
□ Every day					
If you use time-out, gene	rally how lo	ong do you	put your	child in time ou	ut?
When do you use physica	ıl punishme	ent, such as	spanking	g, with your chil	ld?
□ Never					
☐ Less than once	a week				
☐ A few times a v	week				
□ Every day					
For staff use only:	0	1	2	3	

***At this point we will ask you, the parents, to complete the assessment on your own. Feel free to ask your child's teacher questions if you need to.

B. Support for Children				
Is your child covered Yes No If yes, How satisfied are you 3-We have This is an a 2-Our child kinds of see 1-We are n child's nee	by some type please specify with your far strong suppourea of significations receiving struces available of satisfied with a r	of medical : mily's acce rt from ou cant streng upport, bu le to him/h ith the sup ing met. M	ss to medica r family, frient th in my fam t we would I ner. My family port that ou	dental care for your children? Yes No s Medicaid, Soonercare, or private insurance? I and dental care for your children? Inds, and LEA or Part C service providers. Inds. Inds.
For staff use only:	0	1	2	3
□ No, I need	ed Birth Certif d's teacher ha help obtaining	as a copy.	ll of your chil	d(ren)?
For staff use only:	0	1	2	3
		C. S	elf-Sufficie	ency
This is an a 2-We have house or n 1-We are li apartment significant 0-We are a area right	with your ho our home, or area of <u>signific</u> stable subsid eighborhood. ving doubled t OR we are ha support in th	maintain a cant streng ized housin . My famili up with fri aving trouk is area.	stable renta th in my fam ng that meet y could bene ends or fami ole affording re in danger o	s our basic needs, OR would like to find a nicer fit from some support in this area. It or in an unsafe or poorly maintained house or our current rent. My family could benefit from or being homeless. My family needs help in this
For staff use only:	0	1	2	3
family. □ 2-We have appointme this area. □ 1-We often rely on oth	a car or easy a car or acces nts or getting have trouble ers. My famil	access to postion is to public the children getting to be could be tion is make	transportatien to school. work, schoolefit from signing it imposs	cuation? cortation. This is a significant strength for my con, but sometimes I need help getting to My family could benefit from some support in I, shopping or other appointments and need to gnificant support in this area. ible to get to school, work, shopping. My
For staff use only:	0	1	2	3

3. Employment					
I am a stay- strength in a 2-I have a journer area. 1-We need l could benef	nt job provide at-home pare my family. ob, but would nelp finding of it from signit nelp finding v	es sufficie ent, and/c d like a be employme ficant supp	nt income to or I am a ful tter one-M ent OR have port in this	o meet all of my family's needs and wants, time studentThis is an area of significant family could benefit from some support in been out of work for a long timeMy fam	this
For staff use only:	0	1	2	3	
4. Education					
to meet my □ 2-I have con have some of from some of □ 1-I need hel support in t □ 0-I cannot re	pletely satisficemployment in the college/techisupport in the petting my his area.	ed with m t goals and school or nical train is area. GED/high in English	y current lod d dreams. Thave my Ging and into school dip	ver of education. My educational level allower of education. My educational level allower of education. My educational level allower of education in the second second second in pursuing more. My family could oma. My family could benefit from signification e language OR I cannot find a job because this area right now.	family. OR benefit ant
	•••••••••••••••••••••••••••••••••••••••	· ,			
For staff use only:	0	1	2		
For staff use only: 5. Nutrition	0	1	-	3	
5. Nutrition How satisfied are you 3-We are co 2-We do alr	with your nu mpletely sat ight/We rece	itritional r isfied, my eive SNAP	2 needs? family has Assistance	3 enough food.	
5. Nutrition How satisfied are you 3-We are co 2-We do alr 1-We receiv	with your nu mpletely sat ight/We rece	itritional r isfied, my eive SNAP	2 needs? family has Assistance	3	
5. Nutrition How satisfied are you 3-We are co 2-We do alr	with your nu mpletely sat ight/We rece e SNAP Assis	itritional r isfied, my eive SNAP stance, bu	2 needs? family has Assistance t sometime	enough food.	
5. Nutrition How satisfied are you 3-We are co 2-We do alr 1-We receive For staff use only: 6. Utilities When it comes to my leading to a compact of the compact of	with your numpletely satight/We recessore SNAP Assistant of the same of the sa	eive SNAP stance, but 1	2 needs? family has Assistance t sometime 2 due, but I a	enough food. s it isn't enough. 3 m able to make payment arrangements and on a past due utility bill and cannot keep the	
5. Nutrition How satisfied are you 3-We are co 2-We do alr 1-We receive For staff use only: 6. Utilities When it comes to my leading to a compact of the compact of	with your numpletely satight/We recessore SNAP Assistant of the same of the sa	eive SNAP stance, but 1	2 needs? family has Assistance t sometime 2 due, but I a	enough food. s it isn't enough. 3 m able to make payment arrangements and	
5. Nutrition How satisfied are you 3-We are co 2-We do alr 1-We receive For staff use only: 6. Utilities When it comes to my to a separate with the composition of the compositio	with your numpletely satight/We recees SNAP Assistant of the same	eive SNAP stance, but 1 paid. Immes past of ment arra	2 needs? family has Assistance t sometime 2 due, but I a ngements ut-off and c 2	enough food. s it isn't enough. 3 m able to make payment arrangements and on a past due utility bill and cannot keep the annot make payment arrangements. 3	

8. Other Family Nee	eds				
Clothing					
Are you or any memb	er of your ho	ousehold ir	need of cl	othing?	
☐ Yes (Please	list sizes and	d gender):			
□ No					
Legal Services					
Are you in need of leg	al Services?				
☐ Yes (Please	briefly expla	ain):			
□ No					
WIC Services					
Are you/or your child	receiving W	IC services	?		
□ Yes (Please)	list member	s in housel	hold receivi	ing):	
□ No (Please o	explain WH\	′)			
For staff use only:	0	1	2	3	
	D	. Suppor	t for Fam	ily Meml	pers
1. Family Health an	d Wellnes	SS			
<u>-</u>			tv of vour n	nedical care	for yourself and other adult family
members?		4	., ,		, , , , , , , , , , , , , , , , , , , ,
	adults in ou	r family are	e healthy ai	nd have hig	h quality medical care.
	ea of <u>signifi</u>	-	-	_	
			•	-	insurance or a regular doctor.
	could benefi				
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			onditions and do not have the care
		-			upport in this area.
	-	-	·		tho are sick OR currently have an
					p in this area right now.
Do you or any other a	-	•	-	•	Yes □ No
If yes, would you like	_	-		Yes □ No	
For staff use only:	0	1	<u>2</u>	3	
2. Emotional Suppo					
• •		.			
The following are the		-			
1. Depressed mood or in		=			ad or empty).
2. Decreased interest or	=			=	1
3. Significant weight cha 4. Change in sleep: (can'		= =	-	or decreased	1).
5. Fatigue or loss of ener	=	or sieebing	too muchi.		
6. Guilt/Worthlessness:		orthlessness	s or excessiv	e or inappro	oriate guilt.
7. Concentration: less ab	_				_
	=				eling resources in your community?
□ Yes □ No	, , , , , ,		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For staff use only:	0	1	2	3	
3. Family Resources	;				
Would you like resour		ort for rela	tionship saf	fetv? Circle:	Yes No N/A
Would you like resour			-	-	
•			-		h your children? Circle: Yes No N/A
•				-	another person? Circle: Yes No N/A
For staff use only:	0	1	2	3	

4. Alcohol and	Drug Us	е				
Would you be in	terested in	n help f	inding a su	pport group	that address	ses one or more of the following
addictions:						
□ Alcoh	ol					
□ Drugs						
□ Gamb	ling					
□ Sex A	ddiction					
□ Intern	et Addiction	on				
□ Eating	Disorders	;				
□ Famil	/ members	of add	iction			
Would you be in	terested in	n a reha	bilitation t	reatment p	program for yo	ourself or a family member?
□ Yes	□ No		N/A			
For staff use only:		0	1	2	3	

Family Strengths Self-Assessment Signature Page

Enrollment Home Visit	
Parent/Guardian Signature:	Date:
Staff Signature:	Date:
Family Advocate Signature:	Date:
Updates to FSA:	
□ Please check here if you would like your Family Advocate to follow-up w	vith you.
1st Parent/Teacher Conference Date	
Parent/Guardian Signature:	Date:
Staff Signature:	Date:
Family Advocate Signature:	Date:
Updates to FSA:	
Please check here if you would like your Family Advocate to follow-up w	ith you.
2nd Home Visit Date	
Parent/Guardian Signature:	Date:
Staff Signature:	Date:
Family Advocate Signature:	Date:
Updates to FSA:	
☐ Please check here if you would like your Family Advocate to follow-up w	vith you.
2nd Parent/Teacher Conference Date	
Parent/Guardian Signature:	Date:
Staff Signature:	Date:
Family Advocate Signature:	Date:
Updates to FSA:	
☐ Please check here if you would like your Family Advocate to follow-up w	vith you.

Crossroads Head Start/Early Head Start

Family Strengths and Goals

Strengths:			
Goal Name/Descriptor:			
Objectives for achieving outcom	e goal:	Ti	imeline:
- Step 1		_	
- Step 2		_	
- Step 3		_	
- Step 4		_	
- Step 5		_	
- Other objectives, strat	tegies or action steps:	_	
0			
0			
EHV: Teacher InitialNotes:			□ Referral Given
			-
Fall PT/C Teacher InitialProgress:			□ Referral Given
		□ Goal Complete	
HV Teacher Initial Progress:			□ Referral Given
		☐ Goal Complete	-
Spring PT/C Teacher Initial Progress:			
		0 1 0 1 - 1 -	-
☐ Check here if a father-figure will t			•
Partnership Agreement: We agree		•	
Signature of Parent/Guardian:		Date:	
Signature of Crossroads Staff:		Date:	· · · · · · · · · · · · · · · · · · ·
Child's Name:		Center:	

Crossroads Head Start/Early Head Start Volunteering, Ways You Can Help

Parent/Guardian Name:		Relationship to Child:			
	Parent Responsibilities: Our program believes that parents and family members are a child's primary educators and are valuable contributors to our program. For this reason, we have high expectations for families.				
classroo leadersh	m, or getting involved in other w	nteers to support our program. Volunteering in your child's ways, can be helpful in developing a resume full of experience, amily to support our program by contributing at <u>least 30</u>			
Please c	elow are a variety of ways you check all the activities that you arnember will follow up to get you	re interested in.			
_		Participate in the leadership of your child's center by attending ing issues and collaborating with staff.			
_		resent your child's center by attending monthly meetings and ortant decisions affecting the entire program.			
_		M VOLUNTEERING: Assist teachers in the classroom, read to ll groups, help during meals or transitions; etc.			
_	SPECIAL CLASSROOM teaching a song or share a	ACTIVITIES: Share your interests with the children by cultural activity, etc.			
-	REPRESENT THE PROC	GRAM at community events/meetings or to recruit new families.			
_	CONTRIBUTE SKILLS to carpentry, plumbing.	o support center operations—e.g. landscaping, sewing,			
	Skill(s):				
	ould you most likely be available f the week/time(s) of day:	le to volunteer your services?			
		ng the Head Start program in the way state above. I will do my lunteer service during the program year.			
Parent/C	Guardian Signature:	Date:			

Crossroads Head Start/Early Head Start PARENT EDUCATION SURVEY

Child's Name:	Site:
Parent Signature:	Date:
☐ Check here if you are not interested in any topics	
Please let us know what kinds of educational topics wo	ould be of interest to you by checking these topics
below. This will be used to plan activities in your cent	er that best meet your needs.
<u>Health</u>	
Car Seat Installation	Family Fitness Fun
American Red Cross Certification	"Small Smiles" Oral Health
First Aid/Child & Infant CPR	Safety Risk and Prevention-top 5 risks
Childhood diseases/illnesses	What to do when your child gets sick
Coping with Head Lice	Create and Maintain Healthy habits
Why Lead Screens Are Important	Create and Mannam Heating hacts
Nutrition Health Meal Planning	Health weight for families
Selective eating in children	Recognizing & changing eating
Life Skills	
Adult Education opportunities	Home ownership
Balancing work and family	Learning about legislative issues
Budgeting and money management	Learning Basic computer skills
Opening a Bank Account	
Family Issues	
Anger Management Techniques	Single Parenting
Gambling issues	Step-parenting and blended families
Parent Support Groups	Substance abuse
Positive mental health in family	Support for foster families
Sexual abuse prevention information	11
Children	
Affordable recreational activities	Ages and Stages/Child development
Child abuse prevention info	Learning activities to with children at home
Parenting	
Being Consistent	Helping children feel good about self
Establishing family rules and limits	Natural consequences
Positive Discipline	Reasonable expectations
Children and sexuality	Reducing power struggles
Male Involvement	
Getting Dads involved	Building relationships with you children
Impact Fathers have on their children	Male Involvement activities

2022-2023 EDUCATION SECTION

Place the following information behind this page in order as follows:

☐ Individualizing Goals (E-EE-501)
☐ Portfolio Individual Child Checklist (E-EE-506)
☐ COR Progress Overview (High/Scope COR Computer Generated Form)
☐ Observation and Captions Family Report (High/Scope COR Computer Generated Form)
☐ Crossroads Family Survey (E-EE-511)
☐ Tablets/Cameras in the Classroom (E-EE-521)
**This section must be completed yearly.
☐ Year One
☐ Year Two
☐ Year Three

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Child's Name:	Enrollment Home Visit #1	
Approaches to Learning:		Accomplished Date
Social and Emotional Developme	ent:	AccomplishedDate
Physical Development and Healt	h:	AccomplishedDate
Language, Literacy, and Commu	nication:	AccomplishedDate
Mathematics:		AccomplishedDate
Creative Arts:		AccomplishedDate
Science and Technology:		AccomplishedDate
Social Studies:		AccomplishedDate
English Language Learning(If App	olies):	AccomplishedDate
Distribute COR Information Booklet and explain process Complete (Teacher initial) ———	2. Set Individual child goal Form E-EE-501 Complete (Teacher initial)	
Parent/Teacher Comments:	l	Follow UP Needed: Yes No
Parent Signature:	Date:	
Staff Signature:	Date:	

Crossroads Head Start/Early Head Start

E-EE-501

Child's Name: Parent Teacher Co			er Conference #1	
Approaches to Learning:			Accomplished	Date
Social and Emotional Developme	ent:		Accomplished_	Date
Physical Development and Healt	h:		Accomplished_	Date
Language, Literacy, and Commun	ication:		Accomplished_	Date
Mathematics:			Accomplished_	Date
Creative Arts:			Accomplished_	Date
Science and Technology:			Accomplished_	Date
Social Studies:			Accomplished_	Date
English Language Learning(If App	lies):		Accomplished_	Date
1. Share #1 COR Family Report 2. Update Indivi- Form E-EE-501 Complete (Teacher initial) Complete (Teacher Initial)		vidual child goals 3. Share Portfolio Procher initial) Complete (Teacher in		
Parent/Teacher Comments:			Follow UP Neede	d: Yes No
Parent Signature:	Date:			
Staff Signature:	Date	:		

Crossroads Head Start/Early Head Start

Child's Name:				Home Visit #2
Approaches to Learning:			Accomplished	_Date
Social and Emotional Developme	ent:		Accomplished_	Date
Physical Development and Health:			Accomplished_	Date
Language, Literacy, and Commur	nication:		Accomplished_	Date
zungaage, ziteraey, and commu	illed to the		Accomplished_	
Mathematics:			Accomplished_	Date
Creative Arts:			Accomplished_	Date
Science and Technology:			Accomplished_	Date
Social Studies:	T		Accomplished_	Date
Journal Studies.			Accomplished_	Date
English Language Learning(If App	olies):		Accomplished_	Date
	,			
1. Share #2 COR Family Report	2. Set Individual cl Form E-EE-501	nild goals	3. Share Portfo	lio Process
Complete (Teacher initial)	Complete (Teacher initial)		Complete (Tea	cher initial)
Parent/Teacher Comments:				
			Follow UP Neede	d: Yes No
Parent Signature:	Date: _			
Staff Signature:	Date:			

hild's Name: Parent Teacher Confere			ce #2
Approaches to Learning:		AccomplishedDate	
Social and Emotional Developme	nt:	AccomplishedDate	
Physical Development and Healtl	1:	AccomplishedDate	
Language, Literacy, and Commun	ication:	AccomplishedDate	
Mathematics:		AccomplishedDate	
Creative Arts:		AccomplishedDate	
Science and Technology:		AccomplishedDate	
Social Studies:		AccomplishedDate	
English Language Learning(If App	lies):	AccomplishedDate	
1. Share #3 COR Family Report	2. Update Individual child Form E-EE-501	dual child goals 3. Received Portfolio	
Complete (Teacher initial)	Complete (Teacher initial	Complete (Teacher initial)	
			
Parent/Teacher Comments:			
		Follow UP Needed: Yes N	lo
Parent Signature:	Date:		
Staff Signature:	Date:		

Crossroads Head Start/Early Head Start

Portfolio Individual Child Checklist

Child's Name:					
	September	Parent/Teacher	Home Visit #2	Parent/Teacher	
		Conference #1		Conference #2	
Child Photo(EHS)					
Self-Portrait (HS)					
Drawing/Marking Sample(EHS)					
Writing Sample (HS)					
Approaches to Learning					
Social and Emotional					
Development					
Detelop.mem					
Physical Development and					
, Health					
Language, Literacy, and					
Communication					
Communication					
Mathematics					
Creative Arts					
Science and Technology					
Social Studies					
		•			

Check items as they are gathered. Cross-referencing these items are acceptable; for instance, the writing sample and name-writing sample may be the artifact for Language and Literacy also. Make a copy of items to be cross-referenced and place in appropriate sections.

Date	Parent Signature	Date	Staff Signature	Date
P/T Conference #1				
Home Visit #2				
P/T Conference #2				

Family Education Survey

1. How would you like the program to support or reflect your traditions or if your family does not have any family traditions, how would you prefer us to work with you and your child if/when we have any activities planned in which you do not approve of?				
2. What are some traditions or personal celebra events coming up (new baby, marriage, etc.) that	ntions that are meaningful to your family? Such as			
3. Do you have any special talents, abilities, or conjugate your child's class?	ultural celebrations that you would like to share with			
4. How would you like to participate in activities	in the classroom?			
•	oted the policy not to accept outside food into the hildren and to help us meet food safety guidelines.			
same opportunities. During the month of a child Crossroads Head Start/Early Head Start will prov welcome to share. You may participate in a gam snack with your child. We appreciate your coop be a fun, happy time for your child and his/her f	ride a purposeful and fun experience parents are ne, help with an art project or just be there to share a eration regarding birthday celebrations. The day will			
Parent Signature:	Date:			

2022-2023 Progress Notes Section

Progress Notes are <u>REQUIRED</u> a <u>MINIIMUM</u> of once per month.

☐ Year One	□ Year Two	□ Year Three
□ August □ August □		□ August
□ September	□ September	□ September
□ October	□ October	□ October
□ November	□ November	□ November
□ December	□ December	□ December
□ January	□ January	□ January
□ February	□ February	□ February
□ March	□ March	□ March
□ April	□ April	□ April
□ May	□ May	□ May
□ June	□ June	□ June
□ July	□ July	□ July

Crossroads Head Start/Early Head Start Progress Notes

					elopmental milestones,	
				on dates, treatme		
application process, etcInclude any and all contacts pertinent to the child's health both physical and						
emotional, a	nd as well as any	family informa	ation which effec	ts the child's well-l	being, e.g. divorce,	
change in residents, illness, etc. A minimum of one entry per month must be recorded. Solicit and						
document fa	mily input on dev	/elopmental/b	ehavioral concer	ns. <i>Each entry mu</i> s	st be dated and SIGNED	
by the staff p	erson making the	e notation. All	entries must be	based on relevant	facts not personal	
opinion.						
				· · · · · · · · · · · · · · · · · · ·		

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2022-2023 TRANSITION SECTION

Early Head Start
\square Individual Transition Plan for 2 ½ year old transitioning from EHS (T-201)
☐ Approved Extension Letter Form (T-207)
Head Start
☐ Head Start Transition Authorization Form (T-202)
(Place all of the above if Applicable, see key to forms on Transition Plan