

Program Loc ID: _____

East Missouri Action Agency, Inc. Head Start

Family Advocate/Lead Teacher: _____

DISABILITIES ALERT LIST

For Disabilities Specialist Use

Date copied this month: _____

Please keep disability information up-to-date on this form. I'll make a copy of it each time I meet with you to keep me up-to-date. Thanks! Wendy

Basic Information	Disability	Screening Information	Dates	Comments
	a) What concern/disability? b) IEP before enrollment? c) Child staffing d) Referral	a) DIAL-3 score b) Vision/hearing scores c) Parent concerns d) Social/emotional/behavioral concerns e) Summary of staff concerns	a) Date parent signed consent for testing b) IEP date c) Date IEP/E/Z entered in computer/circle code	Information in purple file Consent__ IEP__ Ongoing Communication Sept__ Oct__ Nov__ Dec/Jan__ Feb__ Mar__ Apr__
Child's name:	a)	a) DIAL-3: Mot___/Con___/Lan___	a) Date parent signed consent for evaluation:	Comments:
Birth date:	b) IEP before enrollment? yes/no	DIAL-3: P F Speech Score __-__:P F		
Parent(s) Name(s):	If yes, go to column 4, b.	b) Vision: R__L__ Hearing: R__L__		<u>Info in file:</u> Consent__ IEP__
	c) Child staffing date:	c)	b) IEP date:	<u>Ongoing com:</u> Sept__ Oct__ Nov__
Classroom:	d) Referral/letter? yes / no	d)	Circle one: IEP E Z	Dec/Jan__ Feb__ Mar__ Apr__
	Date of referral:	e)		
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