Community Colleges of Spokane

Reset Form

Site/Rm: _____

Teachers: _____

Date: _____

Spokane County Head Start/ECEAP/EHS
SPECIAL SERVICES SUMMARY

Please submit a copy to the disabilities specialist and the FSC

Referred

	Child	Area of Concern	Where Referred?	Where in Process?
1.				
2.				
3.				
4.				
5.				
6.				

IEPs

	Child	Qualifying Area	Where Served	Special Services Provider	Special Services Contact #	IFSP/ IEP signing Date	Received IFSP/IEP for file (date)
1.							
2.							
3.							
4.							
5.							
6.							