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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS-logoweb.png | | Spokane County Head Start/ECEAP/EHS  SPECIAL SERVICES SUMMARY | | | Site/Rm: | | |  | |
| Teachers: | | | |  |
| Date: |  | | | |
|  | | | |  |
|  | | | | | | | | | |
| 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.** |  |  |  |  |  |  |  |