|  |  |  |  |
| --- | --- | --- | --- |
| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS-logoweb.png | Spokane County Head Start/ECEAP/EHSSPECIAL 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.** |  |  |  |  |  |  |  |