

The following form can be filled out **Online**, printed for signatures, then mailed or faxed.

To fill out forms in Acrobat Reader:

- Select the “hand” tool.
- Click on a line or in a box and begin typing.
- Check boxes can be clicked on or off.
- To move from one editable area to the next, use the tab key.
- If you prefer, the “Highlight Fields” option can be selected to show the editable areas on the form, and the zoom tool in the browser can be used to enlarge the form view.
- When printing the form, start with page 2 of this PDF document.
- For best results, we recommend the latest version of Acrobat Reader.

Spokane County Head Start/ECEAP/EHS DST FAMILY CASE MANAGEMENT

Child/Family Name: _____ Date: _____

Site/Classroom: _____

- Pre-Attendance Case Management (as needed)
- Quarterly Center Based Case Management (required)
- Home Based Case Staffing (required)
- "Other" Case Management: _____

AREAS TO CONSIDER:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> ● Family Status
Goals/Needs/Referrals ● Child Development
CIP/IFSP/IEP | <ul style="list-style-type: none"> ● Health/Nutrition
Screens/Needs/Referrals ● Mental Health
DECA/Needs/Referrals | <ul style="list-style-type: none"> ● Agency Collaborations
CPS/CASA/Special Services, etc. ● Transition Plan
Kindergarten/EHS to HS |
|---|--|---|

SUBJECT	ACTION PLAN
Family:	
Child Development:	
Health:	
Mental Health:	

Attendees (Name/Title):

DST FAMILY CASE MANAGEMENT (CONTINUED)

SUBJECT	ACTION PLAN