Developmental Screener and Special Needs Follow-Up

**Head Start**

ASQ – will be completed within 45 calendar days of enrollment on children below the age of 3. An ESI-R does not need to be completed when the child turns three. A parent questionnaire doesn’t need to be completed when doing an ASQ. The results will be sent to **DMT & Coach** by copying the score page on the ASQ.

ESI-R – will be completed within 45 calendar days of enrollment on new children age 3 and above. An ESI-R does not need to be completed on returning children or transferring children as long as an initial ESI-R was completed. A parent questionnaire needs to be completed with the ESI-R and the parent needs to sign the document. The results will be sent to **DMT & Coach** on the Class Composite form. A new Class Composite form will be completed each month.

**GSRP and HS/GSRP blended children**

An ESI-R and parent questionnaire needs to be completed on every child within 2 weeks of enrollment. The results will be sent to Head Start on the Developmental Screener and Class Composite form and sent to the ISD using their designated form.

**Next steps based on screening results**

If a child refuses (CNT) or scores in the re-screen categories of the ESI-R, the **Teacher** will re-screen the child in 8-10 weeks. Inform the parent that the child will be re-screened. If the child still refuses (CNT) the screening, the **Teacher**, **Coach and Parent** will decide the next step for this child. At any time during this process the **parent** may request a referral with the **Teachers** support, if needed. All information regarding the child will be kept confidential and only people that the **parent** gives permission through the Disclosure with Parental Consent form will be allowed to discuss this child. Children with an existing IEP will receive the screener but do not need to be rescreened or referred. If a child scores in the re-screen or refer section for the second time on the ESI-R, the teacher will consult with the **Education Coach** and the **parent** to discuss the next steps for the child. If the parent agrees to make a referral, they must sign the *Referral for ISD Consultation* form for the referral process to begin. The **Teacher** will complete the referral paperwork for both the program and the local ISD.

**Tracking screening results and disabilities**

1. **Teachers** and **Education Coaches** will reviewthe Developmental Child Plus Report 3015 throughout the year. This report will show new children and children that refused to screen (CNT). **DMT** will run the Health Events Status Child Plus Report 3065 to ensure that re-screens/CNT are documented as needed. **Teachers** will report any follow-up to **DMT**.
2. The Disability Concerns Report 3511 will be used by the **Teachers** and **Education Coaches** throughout the year. **Teachers** will report to **Education Coach Manager** next steps and updates on the Specialized Services Tracking form. Please indicate on the Specialized Services form the Special Needs Request/Disclosure with Parental Consent date, referral date, evaluation date, diagnosed date, IEP date, and any information necessary to explain why timelines may not have been met.
3. The Disability Conditions Report 3521 will periodically be used for the **Teachers** and **Education Coaches** and any updates will be reported to **EC Manager** on the status of children that have been diagnosed. **Education Coaches** will track the diagnosed date, diagnosis, IEP date through the Specialized Services Tracking form that the **Teacher** will keep updated.
4. The **Teacher** and **Education Coach** will discuss developmental screening follow-up and disabilities monthly at the **Teacher/Education Coach** recap. The **Education Coach** and **Education Coach Manager** will discuss disabilities/referrals and screening progress at monthly recaps, when appropriate. All IEP’s will be sent into **Education Coach** to be entered into ChildPlus.

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