

Child's name: _____ Date: _____

Dear Head Start Family,

This letter is a follow-up to the ESI-R Developmental screener that was completed with your child the first full week of school. As you know, your child is becoming more comfortable in a preschool classroom and we need your help to make sure that we are providing the best education we can for your child. One way that you can help is by doing the activities that your teacher highlighted on the attached Activity Guide for the next 3 weeks. Your teacher will then ask you if your child enjoyed the activities and if your child was able to or not able to complete the activities. I will re-screen your child using the ESI-R screener. This will help your child's teacher get a better understanding of your child's development.

Your Child's Teacher is: _____

Your Follow-Up date is: _____

If you have any questions about the activities please do not hesitate to reach out to your child's teacher or you can contact me directly.

J Nichols-Ewing
Disabilities/Intervention Coordinator
1933 E. Second St.
Defiance, OH 43512
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Child's name: _____ Date: _____

Dear Head Start Family,

Thank you for completing the highlighted activities from the Activity Guide that your child's teacher provided you approximately 3 weeks ago. Your child was re-screened in the classroom using the same ESI-R screening tool that was used the first full week of school. By re-screening your child, we are able to see if there have been any improvements in your child's development.

Your child received one of the following:

- _____ **OK**-no further action needed at this time
- _____ **Re-Screen**-your teacher will contact the D/I Coordinator to develop a Child Service Plan (CSP)
- _____ **Refer**-your teacher will discuss the referral process with you

Thank you for being your child's #1 teacher and preparing them for success in getting the best education. If you have any questions please contact me at any time,

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