Northwestern Ohio Community Action Commission
HEAD START
Guiding Children and Families Toward Success

1933 E Second Street
Defiance, OH 43512
PH: 419-784-2150
Fax: 419-784-5048

# NOCAC Child Development Child Service Plan (CSP)

| | |
|---|---|
| Child's Name: | DOB: |
| Address: | Age: |
| Phone: | |

| | |
|---|---|
| Parent/Guardian Name: | |
| Address, if different: | |
| Phone, if different: | |

| | |
|---|---|
| Center: | Teacher: |
| Enrollment Date: | Classroom: |
| Physical Date: | |

| eDECA Results: | Strengths | Typical | Need |
|---|---|---|---|
| • Initiative | ____ | ____ | ____ |
| • Attach./Relationships | ____ | ____ | ____ |
| • Self-Regulation | ____ | ____ | ____ |
| • Behavioral Concerns | ____ | ____ | ____ |
| • Total Protection Factors | ____ | ____ | ____ |

| ASQ-3 Results: | Score | Black / Gray / White |
|---|---|---|
| • Communication | ____ | _____ |
| • Gross Motor | ____ | _____ |
| • Fine Motor | ____ | _____ |
| • Problem-Solving | ____ | _____ |
| • Personal - Social | ____ | _____ |

Referral for Evaluation: _____ YES _____ NO

- Behavioral / Mental Health
- Developmental - IEP
- Developmental - IFSP

Notes:

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**Measurable Annual Goal**

| Area of Development: |
|---|
| Measurable Annual Goal: |
| Present Level of Performance: |

**Method for measuring the child's progress in the Portfolio**

| | | | | | |
|---|---|---|---|---|---|
| | Screenings | | Checklist | | Work Samples |
| | Observations | | Running Records | | Anecdotal Notes |
| | Photos | | | | |

**Measurable Objectives:**

**1.**

**2.**

**3**

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**People Implementing CSP: ****(indicate Point Person)**
**Lead Teacher -**
**Teacher Assistant(s) -**
**Classroom Coach/Mentor -**

**Action Steps:**

**Conscious Discipline strategies to be implemented:**

- Breathing Techniques
- "Safe Place"
- Noticing / Modeling / Two Positive Choices
- I Love You Ritual

Method and frequency for reporting the child's progress to parents will be with the Progress Report at the 1st and 2nd Parent/Teacher conferences, 2nd home visit, and any other parent/teacher meetings deemed appropriate.

**By signing below, I acknowledge and understand this Service Plan and agree to support and/or follow it to the best of my ability.**

**Lead Teacher: _____ Date: _____**

**Assistant Teacher: _____ Date: _____**

**Assistant Teacher: _____ Date: _____**

**Classroom Coach/Mentor: _____ Date: _____**

**Parent/Guardian: _____ Date: _____**

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This CSP is approved for implementation: YES [ ] NO [ ]

Please make the following revisions: _____

_____

**Disability Services Coordinator: _____ Date: _____**

## Revisions

**Date Revisited:**

**Reason for Revision:**

**Revisions to CSP:**

**I understand the revisions and agree to follow them to the best of my ability.**

**Lead Teacher:_____ Date: _____**

**Teacher Assistant: _____ Date: _____**

**Teacher Assistant: _____ Date: _____**

**Parent / Guardian: _____ Date: _____**