

NOCAC Child Development - IEP Contact Form

Head Start requires communication between LEAs and Head Start Centers regarding children with IEPs. This form meets that requirement. Teachers will share this with you 3 times a year. The due dates this year are:

If you have any questions regarding this form or procedure, please feel free to contact me directly - Ami Presley, Disability Services Coordinator, apresley@nocac.org
 Thank you for all that you do.

Child's name:	Center:
HS Teacher:	Classroom:
Service Provider:	School:
Date of Contact:	

Next IEP/ETR/Transition/Amendment Meeting: (leave blank if no upcoming meetings) Date: Time: Location:
Student Concerns: (check all that apply) Health changes [<input type="checkbox"/>] Excessive Absences [<input type="checkbox"/>] Medication changes [<input type="checkbox"/>] Behavior changes [<input type="checkbox"/>] Home Environment changes [<input type="checkbox"/>] None [<input type="checkbox"/>] Other [<input type="checkbox"/>] (please explain):
List one goal worked on during the last quarter:

You can share this on Google Drive with ESC teachers. If you communicate via email, please include the Disability Services Coordinator in the email chain as well. Only use one child per email for confidentiality purposes. Please put the first initial and last name in the subject line for filing purposes. Thank you.