

# Highland Rim Head Start Plan of Action Form

<b>Initial Data</b>	Child's Name: _____ Classroom: _____
	Concern: (Circle all that apply.) <b>Failed Screening:</b> Vision    Hearing    Development    Speech/Language    Social/Emotional <b>Health/Nutrition Concern:</b> Over/Under Weight    Concern from Physical    Concern from Dental <b>Behavior Concern:</b> _____ <b>Other:</b> _____
	Description: _____

		Date	Staff Initials	
<b>Implementation</b>	Initial Date of Plan:			
	Parent Feedback:			
	Teacher Feedback:			
	Copy of initial form submitted to Health Services Manager			

<b>Plan of Action</b>	Expected Outcome:			
	Steps to Reaching Expected Outcome:			
	Step 1:			
	Person Responsible:			
	Due Date:		Follow-up Scheduled:	
	Follow-up Notes:	<input type="checkbox"/> Entered in ChildPlus		
	Step 2:			
	Person Responsible:			
	Due Date:		Follow-up Scheduled:	
	Follow-up Notes:	<input type="checkbox"/> Entered in ChildPlus		

If additional steps are needed use *Plan of Action Additional Page*

Date Follow-up Completed: \_\_\_\_\_ Family Advocate: \_\_\_\_\_

Signature certifies that the above plan of action is complete and has been entered into ChildPlus