



DATA INTERVENTION FORM

Head Start Campus Intervention Team (HSCIT)

Student: _____ **Date:** _____

DOB: _____ **Campus:** _____

Reason for Concern: _____

Documentation attached:

- | | |
|--|--|
| <input type="checkbox"/> Consent for Services | <input type="checkbox"/> Classroom Observation |
| <input type="checkbox"/> ESI Screening Score Sheet | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Ages & Stages Score Sheet | <input type="checkbox"/> Curriculum Director |
| <input type="checkbox"/> Class work | |
| <input type="checkbox"/> Teacher's daily notes (Min 10 days) | |
| <input type="checkbox"/> Vision and Hearing Screening | |
| <input type="checkbox"/> Transfer packet from ECI | |
| <input type="checkbox"/> Child Health Record | <input type="checkbox"/> Enrolled receiving services |

Interventions:

- Classroom Observation
- Teacher _____
- Cur. Dir. _____
- Other _____

Teacher Signature: _____ **Date:** _____

FSW Signature: _____ **Date:** _____

Campus Director Signature: _____ **Date:** _____

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|---|
| <p>Office use:</p> <p><input type="checkbox"/> Sent to Main Office(Intervention Form only) <input type="checkbox"/> Information in Student's file</p> <p>Received Disability/Mental Health Specialist _____</p> <p>Status Information:</p> <p><input type="checkbox"/> Contact Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Campus Director</p> <p>Completed at Campus _____</p> |
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