

# Child Success Team Request

(Hot Sheet)

CF/D-6 Revised 1/12

(mandatory)

This form is used by Head Start staff to initiate formal discussion of a child's observed/suspected disability, behavior, or medical concern. Its purpose is to discuss observations, pre-referral interventions and strategies which have been utilized, in order to determine if different classroom strategies, further assessments, medical follow-up, and/or referral to Special Education, Health or Mental Health agencies are necessary.

All screenings (e.g., developmental screening, physical exam, mental health/speech/vision/hearing screening) should be completed prior to preparing a Child Success Team Request form to review results/observations with parent regarding concerns for potential referral.

Referrals should be considered 30-days after enrollment or sooner when safety/red flag issues exist or upon parent request. A copy of the developmental screening tool is required if concerns exist in this area.

1. The staff person making the referral completes the form in conjunction with the Site Supervisor or Family Child Care Home (FCCH) Coordinator. The form must be completed in English.

## **2. Identifying Information**

Complete all information. Be sure to indicate the school district in which child's family resides if known. If unknown, leave blank.

## **3. Contact Made**

Refers to contacts already made by the Teacher/Home Visitor/Child Care Specialist regarding these concerns. Signatures are not required.

## **4. Screening Results**

Indicate results of all screenings.

## **5. Referral Area of Concern**

Check all areas that pertain to potential referral or concern.

Be specific as possible in your description (e.g., unintelligible speech; safety concerns; medical concerns, unable to grasp crayon).

Describe all interventions/strategies/actions completed that address these concerns.

Indicate any changes/results of interventions or effectiveness.

Describe the child's areas of strength and skills he/she does well.

6. The Teacher/Home Visitor/Child Care Specialist (FCCH) who completes the form signs and submits the white copy to the Delegate Disabilities Coordinator (MHS), or the Grantee Disabilities Supervisor (RHS, EHS and MSHS Direct Op.).. Place yellow copy in the Child file. Pink copy is given to the parent of the child.
7. A Notification of Child Success Team Meeting (CF/D-7, Revised 1/12) will be sent by person(s) submitting the Child Success Team Request Form.