

# Results Of Child Success Team Meeting

(Hot Sheet)

CF/D-8 Revised 1/17

(mandatory)

This form is used by Head Start staff to document formal discussions of a child's suspected delay in development, behavioral concerns, health/nutrition concerns and/or development of a preschool toileting plan. Its purpose is to develop a team composite of the child's areas of strengths and needs. The team members will determine whether further strategies/assessment/observation is necessary or if a referral will be made to Special Education, Health or Mental Health agencies. This form must be completed in English. Interpretation will be provided in the parent/guardian's primary language. For Spanish speaking families the Spanish version of this form can be completed in Spanish (MSHS).

1. At the beginning of the meeting staff will determine who will facilitate the meeting and who will complete the form.
2. Complete **Date, Child's name, Date of Birth, and Educator**
3. Circle **Service Option** (Center, Home Base or FCCH),
4. Complete: **Location, Parent/Guardian name**
5. Include name of who provided Interpretation (as appropriate).
6. List the names of participants present.
7. **Meeting Purpose:** List all relevant areas of developmental concerns (i.e., cognitive, social, gross/fine motor, language levels, etc.). Information from screenings and assessments as well as observations should be addressed as needed.
8. **Meeting Highlights:** Compile important facts that are discussed at the meeting including, child strengths, facts regarding current skill levels and additional information provided by the parent regarding home.
9. **Plan of Action:** Child Success Team Members will develop plans to address concerns with parent participation. These plans will include specific strategies to address areas of concern, as well as additional support when screening and observations indicate a potential developmental delay.  
For example: Use parallel talk to model language; refer to special education agency; modifications made to child's schedule; or the development of a preschool toileting plan.

Indicate **timelines** for completion of strategy.

Include title of **person responsible** to address strategy versus specific name, in case assignment will be given at later date.

Mark the appropriate box to signify if the strategy is for Class (**C**) and/or Home (**H**) (or both when applicable).

Include **Child's name** and **Educator**.

*The Plan of Action page will be used as a document to support implementation of strategies following the meeting. Educators will make an additional copy to incorporate strategies to individualize classroom/FCCH activities, routines/schedules etc. This can also be used to highlight strategies to inform special education agencies.*

10. **Follow up plans:** Mark all boxes that apply including dates of follow up actions for example **Parent Conference, Child Success Team meeting** and **Observation/Case Management** or other (i.e. Mental Health Consultant observation) to provide ongoing support.
11. As needed, the Head Start nurse will work with staff/parent to develop and implement any necessary medical procedures.
12. Parent Consent: The staff person who completed the form and/or provides interpretation will print her/his name. The parent checks the line to verify receiving a copy of the form and whether she/he understands, agrees or disagrees with referral options as relevant. The parent then signs and dates the form.
13. If the team determines that referral for special education assessment is necessary, the Grantee Disabilities Supervisor/Designee or Delegate Assigned Manager completes a Head Start Referral Form For Special Education Services (CF/D-10) or Stanislaus County Community Referral form for Early Start Program (RHS/EHS) or Part C/SELPA/LEA Referral form (as per Part B/C agency procedure). The Grantee Disabilities Supervisor/Designee, Delegate Assigned Education Manager or MSHS Delegate Disabilities Specialist will track and follow referrals made to Part B/C agencies via COPA Child Referral.
14. The white copy is distributed to the Grantee Disabilities Supervisor/Designee or Delegate Disabilities Coordinator (MSHS). The yellow copy is placed in the Child file; pink copy to parent.