The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the 'hand' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/Early Head Start INITIAL CHILD INDIVIDUAL PLAN (CIP) — PS

Name					Teacher				Site/program			
Mos		DOB			Current age							
DECA - Social Emotional Screener						Creative Curriculum						
Child	Barrat	Initiative	Self-Control	Attachment	Behavior Concerns		Social Emotional	Physical Dev	Cognitive Dev	Letters Identified	Phono Aware ¹	Word As Print
Child Outcomes	Parent								Not app	Dicable		
	Fall Winter		Not ap	plicable								
Strength, Tscore 60 and above Typical, Tscore 41-59 Concern, Tscore 40 and below, or 60+ Behavior Concern												
1 F	honological Awareness = Percent mastered out of four items Social Emotional Development											
Summary of C												
Summary of Current Abilities and Interests	Physical Development											
and Interests	Cognitive	Development	i									
IEP / Focus Goals	1.											
	2.											
5	Connecting goals to home experiences											
Other home visit/conference information is on back of page												lome visit
Staff signature											☐ 2nd I	Home visit
Staff signature												Conference Conference
Parent signature						_ Date						