

## FOUNDATION FOR EARLY CHILDHOOD EDUCATION Monthly Report of Activities

This is a certification form only. Contemporaneous records (i.e., appointment calendar, client record, etc.) must be attached or retained by employee for a minimum of three years.

Please type or print clearly using ball point pen.

MONTH/YEAR OF THIS REPORT	NAME OF EMPLOYEE	POSITION/TITLE OF EMPLOYEE
		<b>Disabilities/Mental Health Coordinator</b>
DIVISION/SITE		NAME OF IMMEDIATE SUPERVISOR
<b>Head Start/State Preschool</b>		<b>Director II</b>

Certification

***I certify that the information recorded on this report is true and correct to the best of my knowledge.***

SIGNATURE OF EMPLOYEE	DATE SIGNED

SIGNATURE OF SUPERVISOR	DATE SIGNED

Agency has a total of 42 classrooms; 18 are Part-day, 13 are Full-day and 11 are dosage

**Monthly Activities:**

- 1) Review and analyze of screening results to identify children possibly requiring assessment
- 2) Implements referral procedure for outside agencies, parents and staff to ensure appropriate enrollment and tracks progress
  
- 3) Ensure that referrals and follow-up occur with school districts or providers within established timelines
- 4) Participates in MDT meetings
- 5) Active member of the RIt team
- 6) Meets with parents and classroom teachers regarding IEPs and classroom activities
- 7) Ensure that an individualized Education Plan is developed for all children with disabilities
- 8) Case noting of all Disabilities/Mental Health Services provided to families and children in child file and in Child Plus
- 9) Provides parents with Mental Health education and strategies
- 10) Supervises and monitors the work schedules of Mental Health Consultant
- 11) Meets with parents regarding the appropriateness of Disabilities and Mental Health Services

