



Mock Educational Folder

Early Head Start

- **Education Folder Checklist**
- **Teacher's health observation form**
- **Parent conference**
- **Home visit form**
- **Home follow-up activity sheet**
- **Screening test scoring booklet**
- **Early LAP scoring booklet**
- **Anecdotal records**
- **Teacher's mental health observation checklist**
- **Teacher's mental health observation checklist for parent's input**
- **Toilet training policy**
- **Toilet training guidelines**
- **Toilet training permission form**
- **Child and adult care food program provision**
- **Invitation form for individualized family service plan**



MISSISSIPPI ACTION FOR PROGRESS, INC.

Early Head Start EDUCATION FOLDER CHECKLIST



Child's Name: _____

Date Checked: _____

Center: _____

Date Checked: _____

Date Checked: _____

Education Folder Should Contain:	Yes	No	Yes	No	Yes	No
Teacher Health Observation (Sept.) (April)						
Parent Conference Form (As Needed, No Less Than 2/Year)						
Home Visit Form						
Home Follow-Up Activity Form						
Sample of Child's Work (1 Per Assessment Period)						
Battelle Developmental Inventory (BDI) Screener						
E-LAP Assessment or LAP3 Assessment						
Anecdotal Records (Weekly)						
Teacher's Mental Health Observation Checklist						
Mental Health Observation Checklist & Parent Input						
Toilet Training Permission Form, if applicable						
Child Care Food Program Infant Formula Form, if applicable						
Transition Minutes & Roster (Activities), when applicable						
* Individualized Family Service Plan (IFSP)						
* IFSP Meeting Minutes and Roster						
* Invitation to Transition Meeting for Regular HS/LEA from EI						
* Referral Form, if Needed						
* Written Prior Notice to IFSP or Transition Meeting						

If there are any discrepancies, above, please comment: _____

Signature

Date Observed

If there are any discrepancies, above, please comment: _____

Signature

Date Observed

If there are any discrepancies, above, please comment: _____

Signature

Date Observed

TEACHER'S HEALTH OBSERVATION FORM

Child's Name _____

Teacher's Name and Unit No. _____

Completion Dates _____

Does this child complain of/or demonstrate any of the following behaviors more severely or more frequently than most of his/her classmates?

	Yes	No	Yes	No		Yes	No	Yes	No
Temper Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continuous Black/Blue Marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive Or Explosive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sporadic Or Other Unnecessary Body Movements When Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inactivity Or Sluggishness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Shortness Of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleepiness, Lethargicness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overweight/Underweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grimacing (unusual facial expressions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal To Eat Most Of The Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clumsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limp Or Abnormal Gait (walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soils Self (bowel and urine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Or Running From The Ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inability To Use Utensil Or Feed Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Omits Sounds From Words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions Or Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adds Unnecessary Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spells Of Inattention Or Staring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited Word Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trouble Following Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossed Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protrudes Tongue On "S" Or Other Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeats Sounds Syllables, Words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red, Runny Or Itching Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substitutes Wrong Sounds For Right Ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does Not Understand What Is Said	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voice Is Hoarse Or Has Different Sound To It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Scratching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore(s) On Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pale Or Sallow Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Nose Picking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any diagnosed allergies: _____

What is your opinion of this child's health? _____ Perfect _____ Not good _____ Referral
(any "Yes" should be referred)

Further observation and explanation of items marked "yes" above: _____

Mississippi Action for Progress, Inc.
Head Start Program

Parent Conference

Child's Name _____ Conference Date _____
Head Start Center _____

Topics Discussed:

- ☐ 1. Assessment and goal set for child
- ☐ 2. Child's progress/adjustment
- ☐ 3. Child's attendance
- ☐ 4. Special services (Speech Therapy, Physical Therapy, etc.)
- ☐ 5. Health services (medical, dental, nutrition, etc.)
- ☐ 6. Others

Educational activities shared during the conference: _____

Center related activities/information shared with/parent/guardian: _____

Parent/Guardian concerns: _____

Parent/Guardian reaction to the conference and the Head Start Program: _____

Parent/Guardian _____
Signature Date

Teacher/Center Administrator _____
Signature Date

HOME VISIT FORM

Date: _____ / _____ a.m. _____ p.m.

AREA: _____

CENTER: _____

COUNTY: _____

UNIT: _____

NAME OF PARENT OR GUARDIAN: _____

ADDRESS: _____

NAME OF CHILD: _____

PERSON MAKING VISIT: _____

PURPOSE OF CONTACT: _____

RESULTS OF CONTACT: _____

FAMILY CONCERN (IF ANY): _____

LEARNING ACTIVITY SHARED WITH PARENTS: _____

WAS IT NECESSARY TO PROVIDE REFERRAL SERVICES? IF SO, TO WHICH COMPONENT AND WHAT WAS
NEEDED? _____

NEED FOLLOW-UP? YES ☐ NO ☐

WERE PARENT/GUARDIAN INVITED AND ENCOURAGED TO VOLUNTEER? _____

ADDITIONAL COMMENTS: _____

WAS HOME VISIT CONDUCTED IN THE HOME? YES ☐ NO ☐

IF NOT, WHY? _____

AT WHOSE REQUEST? _____

Parents Signature

MISSISSIPPI ACTION FOR PROGRESS, INC.
1751 Morson Road/Jackson, Mississippi 39209
Phones: (601) 923-4100/4101

HOME FOLLOW-UP ACTIVITY SHEET

CHILD'S NAME: _____

CENTER: _____

DATE: _____

CONCEPTS BEING TAUGHT AT SCHOOL:

SKILLS YOUR CHILD HAS ACCOMPLISHED:

SKILLS THAT NEED REINFORCING AT HOME:

SUGGESTION(S) ON HOW TO TEACH ACTIVITIES TO CHILDREN

White Copy: Parent
Yellow Copy: Child's Education Folder

Revised, 4/96

Parent

Teacher

SCREENING TEST SCORING BOOKLET

Yr.	Mo.	Day
-----	-----	-----

Name _____

Date of Testing _____

School/Program _____

Date of Birth _____

Teacher _____

Chronological age _____

Examiner _____

Age In Months _____ (12 x years + months; ignore all days)

SCORE SUMMARY

Domain	Raw Score	Standard Deviation (-1, -1.5, -2.0)	Cutoff Score (Table N-53)	Decision		Age Equivalent (Tables N-54 and N-55)
				Pass	Fail*	
Personal-Social						
Adaptive						
Gross Motor						
Fine Motor						
Motor						
Receptive						
Expressive						
Communication						
Cognitive						
Total Score						

*Recommendations:

PERSONAL-SOCIAL DOMAIN

Baseline score of 2 on both items at an age level
Ceiling score of 0 on both items at an age level

Suggested Starting Points (age in months)	Test Item	Score (circle one score per item)	Comments
0-5	ST 1. Shows awareness of his/her hands	2 1 0	
	ST 2. Shows desire to be picked up or held by familiar persons	2 1 0	
6-11	ST 3. Plays peekaboo	2 1 0	
	ST 4. Responds to his/her name	2 1 0	
12-17	ST 5. Initiates social contacts with peers in play	2 1 0	
	ST 6. Imitates another child or children at play	2 1 0	
18-23	ST 7. Generally follows directions related to daily routine	2 1 0	
	ST 8. Plays independently in company of peers	2 1 0	
24-35	ST 9. Knows his/her first name	2 1 0	
	ST 10. Uses pronoun or his/her name to refer to self	2 1 0	
36-47	ST 11. Is aware of differences between male and female	2 1 0	
	ST 12. Responds to social contact made by familiar adults	2 1 0	
48-59	ST 13. Describes his/her feelings	2 1 0	
	ST 14. Chooses his/her own friends	2 1 0	
60-71	ST 15. Participates in competitive play activities	2 1 0	
	ST 16. Discriminates between socially acceptable and nonacceptable behavior	2 1 0	
72-83	ST 17. Serves as leader in peer relationships	2 1 0	
	ST 18. Asks for adult help when needed	2 1 0	
84-95	ST 19. Uses adults to help in handling peer aggression directed toward self	2 1 0	
	ST 20. Admits responsibility for errors or wrongdoing	2 1 0	
		<div> <div>+</div> <div>=</div> <div> <div>sum</div> <div>sum</div> </div> </div> <div> <div>Domain Score</div> </div>	

ADAPTIVE DOMAIN

Suggested Starting Points (age in months)	Test Item	Score (circle one score per item)	Comments
0-5	ST 21. Takes strained food from spoon and swallows it	2 1 0	
	ST 22. Attends to ongoing sound or activity for 15 or more seconds	2 1 0	
6-11	ST 23. Holds or supports bottle to feed self	2 1 0	
	ST 24. Feeds self bite-size pieces of food	2 1 0	
12-17	ST 25. Begins to use spoon or other utensil to feed self	2 1 0	
	ST 26. Removes small articles of clothing without assistance	2 1 0	
18-23	ST 27. Distinguishes between food substances and nonfood substances	2 1 0	
	ST 28. Removes simple garment such as jacket, shorts, or shirt without assistance	2 1 0	
24-35	ST 29. Expresses need to go to bathroom	2 1 0	
	ST 30. Obtains drink from tap or other source without assistance	2 1 0	
36-47	ST 31. Buttons one or two buttons without assistance	2 1 0	
	ST 32. Sleeps through night without wetting bed	2 1 0	
48-59	ST 33. Dresses and undresses without supervision	2 1 0	
	ST 34. Completes learning tasks having two or more steps	2 1 0	
60-71	ST 35. Goes to school or other familiar places unattended	2 1 0	

ADAPTIVE DOMAIN

Base score of 2 on both items at an age level
C = a score of 0 on both items at an age level

Suggested Starting Points (age in months)	Test Item	Score (circle one score per item)	Comments
	ST 36. Answers "what to do if" questions involving personal responsibility	2 1 0	
72-83	ST 37. Knows his/her address	2 1 0	
	ST 38. Uses telephone and operator correctly	2 1 0	
84-95	ST 39. Handles his/her money	2 1 0	
	ST 40. Performs household chores	2 1 0	
		$\begin{array}{r} + \\ \text{sum} \quad \text{sum} \end{array} = \boxed{}$	Domain Score

MOTOR DOMAIN

Suggested Starting points (age in months)	Test Item	Gross Motor Score (circle one score per item)	Fine Motor Score (Circle one score per item)	Comments
0-5	ST 41. Moves object held in hand to mouth	2 1 0		
	ST 42. Reaches for objects placed before him/her and touches it		2 1 0	
6-11	ST 43. Moves three or more feet by crawling	2 1 0		
	ST 44. Picks up raisin with several fingers opposed to thumb (partial finger prehension)		2 1 0	
12-17	ST 45. Walks up four steps with support	2 1 0		
	ST 46. Picks up raisin with ends of thumb and index finger in overhand approach (neat pincer grasp)		2 1 0	
18-23	ST 47. Walks up and down stairs without assistance, placing both feet on each step (marking time)	2 1 0		
	ST 48. Places four rings on post in any order		2 1 0	
24-35	ST 49. Jumps forward with both feet together	2 1 0		
	ST 50. Opens door by turning knob		2 1 0	
36-47	ST 51. Uses scissors to cut paper		2 1 0	
	ST 52. Folds piece of paper two times, once horizontally and again at right angles (vertically)		2 1 0	
48-59	ST 53. Hops on one foot for 10 feet	2 1 0		
	ST 54. Copies triangle		2 1 0	
60-71	ST 55. Stands on each foot alternately with eyes closed	2 1 0		
	ST 56. Copies numerals 1 through 5		2 1 0	
72-83	ST 57. Walks six-foot line heel-to-toe with eyes open	2 1 0		
	ST 58. Copies words with upper- and lower-case letters		2 1 0	
84-95	ST 59. Jumps rope without assistance	2 1 0		
	ST 60. Copies two tilted triangles		2 1 0	
		<div><div>+</div><div>sum sum</div><div>Total Gross Motor</div></div>	<div><div>+</div><div>sum sum</div><div>Total Fine Motor</div></div>	<div>=</div> <div><div></div><div>Domain Score</div></div>

COMMUNICATION DOMAIN

Suggested Starting Points (age in months)	Test Item	Receptive Score (circle one score per item)	Expressive Score (circle one score per item)	Comments
0-5	ST 61. Turns head toward source of sound outside field of vision	2 1 0		
	ST 62. Vocalizes sounds to express feelings		2 1 0	
6-11	ST 63. Associates spoken words with familiar objects or actions	2 1 0		

COMMUNICATION DOMAIN (cont.)

Baseline score of 2 on both items at an age level
Ceiling score of 0 on both items at an age level

Suggested Starting Points (age in months)	Test Item	Receptive Score (circle one score per item)	Expressive Score (circle one score per item)	Comments
	ST 64. Produces one or more single-syllable consonant-vowel sounds		2 1 0	
12-23	ST 65. Responds to simultaneous verbal and gestural commands	2 1 0		
	ST 66. Uses 10 or more words		2 1 0	
24-35	ST 67. Responds to prepositions <i>in, out, on, in front of, toward, and behind</i>	2 1 0		
	ST 68. Uses pronouns <i>I, you, and me</i>		2 1 0	
36-47	ST 69. Follows two-step verbal commands	2 1 0		
	ST 70. Uses plural forms ending with "s" or "z" sound		2 1 0	
48-59	ST 71. Understands regular plural forms	2 1 0		
	ST 72. Uses five- or six-word sentences		2 1 0	
60-71	ST 73. Understands future tense of verb <i>to be</i>	2 1 0		
	ST 74. Uses regular comparative forms		2 1 0	
72-83	ST 75. Distinguishes between active and passive voices	2 1 0		
	ST 76. Talks about things that might be		2 1 0	
84-95	ST 77. Understands concepts <i>bright, hard, and sweet</i> when used to describe people	2 1 0		
	ST 78. Uses passive voice		2 1 0	

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 \text{Total} \\
 \text{Expressive}
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 \text{ Domain Score}$$

COGNITIVE DOMAIN

Suggested Starting points (age in months)	Test Item	Score (circle one score per item)	Comments
0-5	ST 79. Follows visual stimulus	2 1 0	
	ST 80. Feels and explores objects	2 1 0	
6-11	ST 81. Uncovers hidden toy	2 1 0	
	ST 82. Searches for removed object	2 1 0	
12-23	ST 83. Reaches around barrier to obtain toy	2 1 0	
	ST 84. Recognizes self as cause of events or happenings	2 1 0	
24-35	ST 85. Matches circle, square, and triangle	2 1 0	
	ST 86. Repeats two-digit sequences	2 1 0	
36-47	ST 87. Identifies big and small shapes	2 1 0	
	ST 88. Identifies simple objects by touch	2 1 0	
48-59	ST 89. Answers simple logic questions	2 1 0	
	ST 90. Completes opposite analogies	2 1 0	
60-71	ST 91. Identifies colors of familiar objects not in view	2 1 0	
	ST 92. Identifies first and last objects in a row	2 1 0	
72-83	ST 93. Recalls facts from story presented orally	2 1 0	
	ST 94. Solves simple addition and subtraction problems involving numbers through 5	2 1 0	
84-95	ST 95. Solves simple word problems involving subtraction	2 1 0	
	ST 96. Solves simple problems involving multiplication	2 1 0	

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Revised

The American Revolution

Birth to 36 months

Chapel Hill Training-Outreach Project, Inc.



Child's Name	LAST	FIRST	MIDDLE

School or Center	Date of Birth
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City	State	Zip	<input type="checkbox"/> Female <input type="checkbox"/> Male
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Beginning of Year			Mid Year			End of Year		
	Standard Dates	Converted Dates		Standard Dates	Converted Dates		Standard Dates	Converted Dates
Date of Assessment:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> month day year </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> year month day </div>	Date of Assessment:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> month day year </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> year month day </div>	Date of Assessment:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> month day year </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> year month day </div>
Date of Birth:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> month day year </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> year month day </div>	Date of Birth:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> month day year </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> year month day </div>	Date of Birth:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> month day year </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 2px;"> / / / </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> year month day </div>
year: ____ years x 12 = + ____ months month: enter months = + ____ months *(day: Add 1 additional = + ____ month month if days are 15 or more) CHRONOLOGICAL AGE ____ months			year: ____ years x 12 = + ____ months month: enter months = + ____ months *(day: Add 1 additional = + ____ month month if days are 15 or more) CHRONOLOGICAL AGE ____ months			year: ____ years x 12 = + ____ months month: enter months = + ____ months *(day: Add 1 additional = + ____ month month if days are 15 or more) CHRONOLOGICAL AGE ____ months		
Examiner's Name _____			Examiner's Name _____			Examiner's Name _____		

7/17/03

Fine Motor

		Ongoing Assessment			Comments
		Beg Year	Mid Year	End Year	
		+/-	+/-	+/-	
Newborn	1. Fisted hands rest near face				
	2. Grasp reflex—clench small object on contact				
2 months	3. Holds hands together				
	4. Holds rattle for 5-10 seconds before dropping				
	5. Grasp reflex disappearing				
3 months	6. Reaches for objects with both hands, often misses				
	7. Fingers loosely closed				
	8. Explores objects (i.e., rattle placed in hands)				
4 months	9. Watches movement of own hands				
	10. Hands are usually open				
	11. Shakes and plays with rattle for several minutes				
	12. Opens hands, plays with fingers, puts hands in mouth				
	13. Reaches toward objects, sometimes hits them				
	14. At play, pulls covers or clothing over face				
	15. Recovers rattle dropped on chest				
	16. Retains dangling ring				
5 months	17. Picks up cube				
	18. Holds first cube, regards second cube				
	19. Picks up spoon				
6 months	20. Rakes up dry cereal with fingers against palm				
	21. Lifts cup by handle				
	22. Reaches persistently				
7 months	23. Plays with paper when it is offered				
	24. Holds one cube and takes another				
	25. Pulls out large peg				
	26. Grasps and transfers ring from hand to hand				
8 months	27. Shakes bell				
	28. Picks up cube with palmar grasp				
9 months	29. Lines up cube in one hand with one in other hand				
	30. Holds, bites, and chews cracker or cookie				
	31. Grasps with thumb and forefinger				
10 months	32. Index finger begins to point or poke into holes or hooks and pulls				
	33. Uncovers toy seen hidden				
	34. Hits cup with spoon				

Note: Must use with Early LAP manual.

Fine Motor

		Ongoing Assessment			Comments
		Beg Year	Mid Year	End Year	
		+/-	+/-	+/-	
	35. Manipulates cube and cup together				
11 months	36. Pulls string to obtain ring				
	37. Uses pincer-like grasp to obtain pellet				
	38. Holds crayons, makes marks				
12 months	39. Removes lid of box to find hidden toy				
	40. Beats 2 spoons together				
	41. Builds tower of 2-3 cubes after demonstration				
	42. Places one cube in cup				
	43. Marks with pencil				
14 months	44. Scribbles vigorously in imitation				
	45. Unwraps toy				
	46. Inserts round shapes in formboard				
	47. Holds 3 cubes				
15 months	48. Adapts round shape in formboard				
16 months	49. Puts beads in a box				
	50. Obtains peg from bottle				
17 months	51. Obtains toy with stick				
	52. Builds tower of 3-4 cubes				
18 months	53. Places 10 cubes in cup				
	54. Scribbles spontaneously				
21 months	55. Builds tower of 5-6 cubes				
22 months	56. Completes 3-piece formboard (circle, square, and triangle)				
24 months	57. Attempts to fold paper				
	58. Builds tower of 6-7 cubes				
	59. Imitates vertical stroke				
	60. Imitates circular stroke				
	61. Adapts to reversal of formboard in 4 trials				
	62. Turns pages of book singly				
27 months	63. Makes train of cubes				
	64. Imitates drawing vertical line, horizontal line, and circle				
30 months	65. Builds tower of 8 cubes				
	66. Holds pencil with thumb and forefinger instead of fist				
	67. Imitates cross				
33 months	68. Builds tower of 10 cubes				
	69. Imitates "bridge" of blocks				
36 months	70. Copies circle				
	71. Adapts to formboard reversal				
	72. Adds 2 parts to incomplete person				
	73. Cuts across paper with scissors from one side to the other				

LAP-3 Scoring Booklet

The Learning Accomplishment Profile-Third Edition

36 to 72 months

Chapel Hill Training-Outreach Project, Inc.



This scoring booklet is **NOT** an assessment instrument. You must use the *Learning Accomplishment Profile-Third Edition* manual in conjunction with this scoring booklet.

Date of Enrollment

____/____/____
Month Day Year

Child has IEP?

☐ Yes ☐ No

Child's Name	LAST	FIRST	MIDDLE

School or Center

Date of Birth

City	State	Zip

<input type="checkbox"/> Female
<input type="checkbox"/> Male

Beginning Year	
Standard Dates	Converted Dates
Date of Assessment: ____/____/____ month day year	____/____/____ year month day
Date of Birth: ____/____/____ month day year	____/____/____ year month day
year: ____ years x 12 = + ____ months	
month: enter months = + ____ months	
*(day: Add 1 additional month if days are 15 or more) = + ____ month	
CHRONOLOGICAL AGE ____ months	
Examiner's Name _____	

Mid Year	
Standard Dates	Converted Dates
Date of Assessment: ____/____/____ month day year	____/____/____ year month day
Date of Birth: ____/____/____ month day year	____/____/____ year month day
year: ____ years x 12 = + ____ months	
month: enter months = + ____ months	
*(day: Add 1 additional month if days are 15 or more) = + ____ month	
CHRONOLOGICAL AGE ____ months	
Examiner's Name _____	

End Year	
Standard Dates	Converted Dates
Date of Assessment: ____/____/____ month day year	____/____/____ year month day
Date of Birth: ____/____/____ month day year	____/____/____ year month day
year: ____ years x 12 = + ____ months	
month: enter months = + ____ months	
*(day: Add 1 additional month if days are 15 or more) = + ____ month	
CHRONOLOGICAL AGE ____ months	
Examiner's Name _____	

To calculate the child's chronological age in months, subtract the child's birth date from the assessment date as follows: 1) rewrite dates in converted order-year, month, day; 2) subtract starting with day column (if you need more days, borrow a month and add 30 days to existing number); 3) subtract months (if you need more months, borrow a year and add 12 months to existing number); 4) subtract years; and, 5) add totals for chronological age in months (after you subtract, if the total days are 15 or more, add 1 month as indicated).

Language*

		Ongoing Assessment			Comments
		Beg Year	Mid Year	End Year	
		+/ -	+/ -	+/ -	
12-17 mos	1. Says 2 words besides "ma-ma" and "da-da"				
18-23 mos	2. Names 1 object				
	3. Follows 1-step directions				
	4. Points to pictures in book				
24-29 mos	5. Speaks in 2-word sentences				
	6. Points to 5 pictures of common objects				
	7. Points to 4 body parts				
	8. Names 3 pictures of common objects				
30-35 mos	9. Points to pictured object by use				
	10. Points to 3 pictures of common actions				
	11. Speaks in 3-word sentences				
	12. Uses regular plurals				
36-41 mos	13. Points to 10 pictures of common objects				
	14. Names 3 pictures of common actions				
	15. Answers 1 question regarding physical needs				
	16. Speaks "intelligibly" (articulates familiar words)				
	17. Names 8 pictures of common objects				
	18. Asks how, why, where, when, and what questions				
	19. Listens "attentively" to stories				
	20. Uses personal pronouns - I, you, me				
	21. Says (or sings) words to nursery rhyme or song				
42-47 mos	22. Delivers 1-part verbal message				
	23. Follows 2-step directions in proper sequence				
	24. Names 10 pictures of common objects				
	25. Demonstrates understanding of 3 prepositions by placing cube				
	26. Points to 8 body parts				
	27. Responds to <i>how</i> and <i>where</i> questions				
	28. Answers <i>if-what</i> questions				
	29. Shows front of book				
48-53 mos	30. Pantomimes definitions of words				
	31. Discriminates letters				
	32. Discriminates <i>is</i> and <i>is not</i> by pointing to objects				
	33. Points to where reader begins in book				
	34. Demonstrates understanding of 4 prepositions by placing cube				
	35. Tells name of 2 printed letters				

Note: Must use with the LAP-3 manual.

*See page 75 in LAP-3 manual for information about Receptive (R), Expressive (E) language information.

Language

		Ongoing Assessment			Comments
		Beg Year	Mid Year	End Year	
		+/-	+/-	+/-	
	36. Uses prepositions				
	37. Selects 4 (out of 5) pictures related to a sentence read aloud				
	38. Tells use of objects				
	39. Answers 3 questions regarding physical needs				
	40. Repeats 12-syllable sentence				
	41. Gives account of recent experiences in order of occurrence				
54-59 mos	42. "Reads" favorite books independently				
	43. Tells opposites				
	44. Tells name of printed letters in own name				
	45. Discriminates printed words				
	46. Participates in sustained conversations with peers				
	47. Uses compound sentences				
	48. Tells what common things are made of				
60-65 mos	49. Reads 2 common words from familiar environment (e.g., signs, labels)				
	50. Tells definition of concrete nouns				
	51. Names source of 15 actions				
	52. Tells a story using picture book				
	53. "Reads" books with friends during play				
	54. Follows 3-step directions in proper sequence				
	55. Delivers 2-part verbal message				
	56. Tells name of 10 printed letters				
66-71 mos	57. Points to pictured print material by use				
	58. Points to title of book				
	59. Rhymes words				
	60. Tells beginning sounds				
72+ mos	61. Arranges picture story in sequential order				
	62. Tells name of 26 capital letters				
	63. Tells beginning sounds of printed words				
	64. Identifies similar beginning sounds				
	65. Identifies author of book				
	66. Discriminates words from nonsense syllables				
	67. Tells a story without using pictures				
	68. Reads 5 printed words				
	69. Identifies similar ending sounds				

Note: Must use with the LAP-3 manual.

*See page 75 in LAP-3 manual for information about Receptive (R), Expressive (E) language information.

MISSISSIPPI ACTION FOR PROGRESS, INC.

1751 Morson Road ♦ Jackson, MS 39209

ANECDOTAL RECORDS

CHILD'S NAME: _____

DATE: _____

CHILD'S AGE IN MONTHS (AIM): _____

SKILL: _____

OBSERVATION: _____

BEHAVIOR OBSERVED: _____

ACTION TAKEN (IF ANY): _____

OBSERVER

ANECDOTAL RECORDS

CHILD'S NAME: _____

DATE: _____

CHILD'S AGE IN MONTHS (AIM): _____

SKILL: _____

OBSERVATION: _____

BEHAVIOR OBSERVED: _____

ACTION TAKEN (IF ANY): _____

OBSERVER



Mississippi Action for Progress, Inc. Teacher's Mental Health Observation Checklist

Center: _____

Child's Name: _____

Child's Age _____

Teacher Name: _____

Date completed: _____

Please mark each box appropriately, placing a check for yes or no in the appropriate box that best describes the child's behavior.

	1st Screening		2nd Screening			1st Screening		2nd Screening	
	Yes	No	Yes	No		Yes	No	Yes	No
Attention					Sensory				
1. Unable to sit still for activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Dislike being touched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficult to calm when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Withdrawn from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not appear happy and content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Hit, kick or bit others & aggressive in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Little to no laughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Has difficulty w/fine motor tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Difficult transitioning from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Easily fatigued during physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Being destructively with toys and other things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Social-Emotional

1. Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficulty playing w/ peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Aggressive or destructive in play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tantrums easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cries for no apparent reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does not follow instructions given by teacher (adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication

1. Will not follow simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. No or little verbalizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Limited consonant sounds(e.g. p,b,m,n,d,t,w)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Limited usage of words or phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RATING SCALE: 31% > No = Passed (8 or more) _____ 70% > Yes = Failed (14 or more) _____

Teacher's Signature: _____

Date: _____

Comments: _____

Screening should be done within 45 calendar days of child's enrollment. If child fails the initial screening, re-screen in two (2) weeks. If re-screening results indicate "failed" at this time, referral should be made to the mental health consultant. Please use red ink to indicate re-screening.



Mississippi Action for Progress, Inc.
Mental Health Observation Checklist
For Parents' Input

Center/Unit: _____

Child's Name: _____

Child's Age _____

Parent Name: _____

Date completed: _____

Please mark each box appropriately, placing a check for yes or no in the appropriate box that best describes the child's behavior.

<u>Attention</u>	Yes	No	<u>Sensory</u>	Yes	No
1. Unable to sit still for activities	<input type="checkbox"/>	<input type="checkbox"/>	1. Dislike being touched	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficult to calm when upset	<input type="checkbox"/>	<input type="checkbox"/>	2. Withdrawn from others	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not appear happy and content	<input type="checkbox"/>	<input type="checkbox"/>	3. Hit, kick or bit others & aggressive in play	<input type="checkbox"/>	<input type="checkbox"/>
4. Little to no laughter	<input type="checkbox"/>	<input type="checkbox"/>	4. Has difficulty w/fine motor tasks	<input type="checkbox"/>	<input type="checkbox"/>
5. Difficult transitioning from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	5. Easily fatigued during physical activities	<input type="checkbox"/>	<input type="checkbox"/>
6. Being destructively with toys and other things	<input type="checkbox"/>	<input type="checkbox"/>			

Social- Emotional

Communication

1. Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	1. Will not follow simple instructions	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficulty playing w/ peers	<input type="checkbox"/>	<input type="checkbox"/>	2. No or little verbalizing	<input type="checkbox"/>	<input type="checkbox"/>
3. Aggressive or destructive in play	<input type="checkbox"/>	<input type="checkbox"/>	3. Limited consonant sounds(e.g. p,b,m,n,d,t,w)	<input type="checkbox"/>	<input type="checkbox"/>
4. Tantrums easily	<input type="checkbox"/>	<input type="checkbox"/>	4. Limited usage of words or phrases	<input type="checkbox"/>	<input type="checkbox"/>
5. Cries for no apparent reason	<input type="checkbox"/>	<input type="checkbox"/>			
6. Does not follow instructions given by teacher (adults)	<input type="checkbox"/>	<input type="checkbox"/>			

Parent's Signature: _____

Date: _____

Comments: _____

**Mississippi Action for Progress, Inc.
Early Head Start**

TOILET TRAINING POLICY

POLICY: A positive toilet learning experience will be provided for each child to develop independence.

PROCEDURE:

- Primary Child Care Provider will review with parent(s) the toilet training guidelines and toilet training policy.
- Parents and staff will develop individualized objectives to meet goals of toilet training.
- Parents will sign Permission Form to begin toilet training.
- Child Care Provider will assist child during school with the toilet training process.
- Parents will assist child at home with the toilet training policy.
- Parents are encouraged to share information about their experiences and challenges with the toilet training process at home.
- Parents and Staff are encouraged to wash hands after each toileting experience.

During the training time, parents need to bring:

- Two (2) additional pair of changing clothes. Clothing should be easy to remove to foster independence
- Pull-ups (side openings) or toilet training pants (only) as needed.
- Two (2) pair of socks

Soiled clothing will be sent home with the child each day. Children should arrive at school with pull -ups or toilet training pants on instead of diapers when they come to the school in the morning.

For additional information, go to [pull -Ups.com](http://pull-Ups.com) or PottyScotty.com for boys and PottyPatty.com for girls.

Note: Once the use of pampers has stopped, it is imperative to continue the process of using pull-ups or training pants. This helps with your child's self esteem by fostering independence as they begin the process of going to the bathroom with assistance.

MISSISSIPPI ACTION FOR PROGRESS, INC.

**Early Head Start
Toilet Training Guidelines**

The initiation of toilet training should always be based on the child's developmental level rather than on the child's age. Initiating toilet training before the child is ready can create stress and anxiety for the child and the family. It also increases the length of time it takes to train the child.

It is important to begin toilet training when the child exhibits signs of interest and readiness. Failure to recognize and act on these signs may cause the child's interest to wane and can delay the potty training process. Readiness is a valuable "window of opportunity."

Readiness can be recognized by understanding certain cues:

- The child begins to imitate his/her parents' behavior.
- The child begins to express interest in toilet training.
- The child can walk and is ready to sit independently.
- The child can communicate his/her toileting needs.
- The child is able to pull clothes up and down (on and off).

Other factors of consideration are:

- Muscle Control
- Emotional readiness and willingness to cooperate
- Attention span and ease of distraction

The Toilet training process encompasses:

- Teaching proper toilet training practices (washing hands, wiping, flushing)
- Teaching self help skills such as removing articles of clothes.(shoes, pants, and pull-ups)
- Encouraging Independence - allowing children to independently use toilet with encouragement, positive reinforcement and parental support

Before the toilet training process begins, parents and Child Care Provider will discuss the child's stages of development. When parents and Child Care Provider agree that the child is developmentally ready, they will develop an approach that will provide an opportunity for the child to learn self-control, autonomy, and responsibility.

Parents will share information about their preferences and concerns about the toilet training process. Parents are encouraged to immediately communicate with staff if they feel changes need to be made in the initial approach designed for their child(ren).

A copy of the toilet training policy will be given to all parents and posted in each classroom.

Mississippi Action for Progress, Inc.
Early Head Start
Toilet Training Permission Form

I give permission to MAP Early Head Start at _____ Center to implement the Toilet Training Policy with my child according to the Toilet Training guidelines and the individualized objectives established.

A copy of the Toilet Training Guidelines and Toilet Training Policy will be reviewed and the permission form signed when both the Parent and Child Care Provider agrees that the child is ready for this process.

A copy of the Toilet Training Policy, Toilet Training Guidelines and Toilet Training Permission form will be given to the parent.

☐ A copy of the Toilet Training Guidelines and Toilet Training Policy has been explained to me.

☐ I have received a copy of the Toilet Training Guidelines and Toilet Training Policy.

☐ I have participated in establishing individual goals for my child to meet during the Toilet Training process.

☐ I will assist with the Toilet Training process at home.

☐ I will inform my child's Child Care Provider of any changes that I feel need to be made during this process.

CHILD'S NAME: _____

CHILD'S AGE: _____

Parent's Signature

Date

Child Care Provider's Signature

Date

White Copy: Parent(s)

Yellow Copy: Child's Education Folder

Mississippi Action for Progress, Inc.
1751 Morson Road
Jackson, MS 39209

**CHILD AND ADULT CARE FOOD PROGRAM
PROVISION OF IRON-FORTIFIED INFANT FORMULA OR BREASTMILK
AND PROVISION OF BABY FOOD**

Name of Child Care Provider and Center: _____

This institution/facility offers **iron-fortified formula** for infants through the Child and Adult Care Food Program. It is your choice whether or not to use this formula based on you and your infant's need.

Please check one of the following choices:

_____ I will use the formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff. My infant consumes _____, which is an iron fortified formula.
(Name of Formula)

_____ I will not use the formula offered by this facility. I request that my child receives _____ due to medical reasons. I have provided a copy of his/her medical statement.

_____ I will provide breastmilk for my infant.

_____ I will provide my child's formula. If the formula you provide is a special formula, a medical statement will be requested.

_____ My infant is four (4) months old or older and is developmentally ready for foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed.

Child's Name: _____

Child's Age: _____

Parent Signature: _____ **Date:** _____

Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when he/she is at child care.

Mississippi Action For Progress, Inc.
Jackson, Mississippi

*You are cordially invited to attend a
HEAD START/EARLY HEAD START
Individualized Family Service Plan (IFSP)
meeting for:*

Child's Name

On

At

R.S.V.P. _____, (601) - _____

Teachers, parents, providers, service coordinators and anyone else that the family desires may be present at the IFSP meeting.