



Education Folder

Head Start

- **Education folder checklist**
- **Anecdotal records**
- **BRIGANCE screen three year-old child data sheet**
- **Home follow-up activity sheet**
- **Home visit form**
- **Individual lesson plan**
- **Parent conference**
- **Parent input form**
- **Learning styles calculator**
- **Reporte sobre el progreso de su niño/a**
- **Teacher's health observation form**
- **Transition plan for four year-old**
- **Mental health observation checklist for parents' input**
- **Referral request**

Education folder Checklist

Child's Name _____

Date Checked _____

Center _____

Date Checked _____

Date Checked _____

Folder Should Contain	Yes	No	Yes	No	Yes	No
Assessment (CPI) (October, January, & April)						
Anecdotal Records (Monthly)						
Brigance (Screener)						
Home Activity (during the first home visit)						
Home Visit (November & February)						
Individual Lesson Plan (ILP)						
Parent Conference Form (December, March)						
Parent Input Form/Learning Style						
Progress Report (along with the CPI)						
Samples of Child's Work (beginning, middle and end of year)						
Spanish Form (November & March)						
Teacher's Health Observation (Child's entry & April)						
Transition Plan (Monthly)						
Teacher's Mental Health Observation Checklist/ Parent's Input						
Disability Only						
Individual Education Plan (IEP)						
Referral Form (If Needed)						

If there are any discrepancies above, please comment: _____

Signature

Signature

Signature

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

ANECDOTAL RECORDS

CHILD'S NAME: _____

DATE: _____

OBSERVATION: _____

BEHAVIOR OBSERVED: _____

ACTION TAKEN (IF ANY): _____

OBSERVER: _____

CHILD'S NAME: _____

DATE: _____

OBSERVATION: _____

BEHAVIOR OBSERVED: _____

ACTION TAKEN (IF ANY): _____

OBSERVER: _____

A. Child's Name _____ Date of Screening _____ Year _____ Month _____ Day _____ School/Program _____
 Parent(s)/Guardian _____ Birth Date _____ Teacher _____
 Address _____ Age _____ Examiner _____

B. Basic Assessments				C. Scoring			
Page	Assessment Number	Domain	Skill (Start with first item and proceed in order. Circle each correct response.)	Discontinue after (must be in a row)	Number Correct	Point Value for Each	Child's Score
3	1A	Language Development	Personal Data Response: Orally gives: 1. first name 2. last name 3. middle name 4. age	3 incorrect	×	1	/4
4	2A	Language Development	Color Recognition: Points to: 1. red 2. blue 3. green 4. yellow 5. orange	2 incorrect	×	2	/10
5	3A	Language Development	Picture Vocabulary: Names pictures of: 1. boat 2. kite 3. wagon 4. ladder 5. scissors 6. leaf	3 incorrect	×	2	/12
6	4A	Language Development	Knows Use of Objects: Knows use of: 1. book 2. scissors 3. refrigerator	2 incorrect	×	3	/9
7	5A	Literacy	Visual Motor Skills: Copies: 1. 2. — 3. ○ 4. +	3 incorrect	×	3	/12
9	6A	Physical Health & Development	Gross-Motor Skills: 1. Stands on one foot for five seconds 3. Walks forward heel-and-toe four steps 2. Stands on other foot for five seconds	2 incorrect	×	3	/9
10	7A	Mathematics	Number Concepts: Demonstrates by giving: 1. two 2. three 3. five	2 incorrect	×	3	/9
11	8A	Physical Health & Development	Builds Tower with Blocks: Builds a tower with: 1. 6 blocks 2. 7 blocks 3. 8 blocks 4. 9 blocks 5. 10 blocks	2 attempts without success	×	2	/10
13	9A	Science	Identifies Body Parts: Points to or touches: 1. chest 2. back 3. knees 4. chin 5. fingernails 6. heels	3 incorrect	×	1	/6
14	10A	Language Development	Repeats Sentences: Repeats sentences of 1. four syllables 2. six syllables 3. eight syllables	Give credit for highest level of success and for all lower levels.	×	3	/9
15	11A	Language Development	Prepositions and Irregular Plural Nouns: Uses 1. prepositions 2. irregular plural nouns	—	×	5	/10
D. Observations 1. Handedness: Right _____ Left _____ Uncertain _____ 2. Grasps pencil with: Fist _____ Fingers _____ 3. Hearing appears normal: Yes _____ No _____ Uncertain _____ 4. Vision appears normal: Yes _____ No _____ Uncertain _____ 5. Record other observations below or on another sheet. _____ _____				E. Summary Compared to other children included in this screening: 1. this child scored Lower _____ Average _____ Higher _____ 2. this child's age is Younger _____ Average _____ Older _____ 3. the teacher rates this child Lower _____ Average _____ Higher _____ 4. the examiner rates this child Lower _____ Average _____ Higher _____ F. Recommendations _____ _____			
				Total Score = _____ /100			

HOME FOLLOW-UP ACTIVITY SHEET

Seguimiento - Hoja de Actividades

Child's Name: *Nombre del Niño/a* _____

Center: *Centro escolar* _____

CONCEPTS BEING TAUGHT AT SCHOOL:

Conceptos enseñados en la escuela

SKILLS YOUR CHILD HAS ACCOMPLISHED:

Aptitudes que su niño/a a logrado:

SKILLS THAT NEED REINFORCING AT HOME:

Aptitudes que necesitan ser reenforzadas en la casa:

SUGGESTION(S) ON HOW TO TEACH ACTIVITIES TO CHILDREN:

Sugerencias referente de como deben enseñar ciertas actividades a sus hijos/as

Parent Signature/ *Firma del Padre/Madre*

Teacher's Signature/ *Firma de el(la) Maestro(a)*

Teacher Aide's Signature/ *Firma de el(la) Asistente*

White Copy - Parent • Yellow Copy - Child's Education Folder

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

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

INDIVIDUAL LESSON PLAN

DATE: _____

Child's Name: _____ Age: _____ Teacher: _____ Teacher Aide: _____

DOMAIN	OBJECTIVES	ACTIVITIES	MATERIALS NEEDED	EVALUATION&RESULTS	EXPECTED COMPLETION	
					MONTH	YEAR
LANGUAGE DEVELOPMENT ITEM # _____						
LITERACY ITEM # _____						
MATHEMATICS ITEM # _____						
SCIENCE ITEM # _____						
CREATIVE ARTS ITEM # _____						

DOMAIN	OBJECTIVES	ACTIVITIES	MATERIALS NEEDED	EVALUATION&RESULTS	EXPECTED COMPLETION	
					MONTH	YEAR
SOCIAL AND EMOTIONAL DEVELOPMENT ITEM# _____						
APPROACHES TO LEARNING ITEM # _____						
PHYSICAL HEALTH AND DEVELOPMENT ITEM # _____						
LOGIC AND REASONING ITEM# _____						
SOCIAL STUDIES KNOWLEDGE AND SKILLS ITEM# _____						
ENGLISH LANGUAGE DEVELOPMENT ITEM # _____						

Mississippi Action for Progress, Inc.
Head Start Program

Parent Conference – Conferencia de Padres de Familia

Child's Name / Nombre del Niño/a

Date / Fecha

Head Start Center / Nombre de la Escuela del Head Start

Topics Discussed – Tópicos Comentados:

- ____ 1. Assessment and Goal Set for Child – *Evaluaciones y Metas Fijadas para el Niño/a*
- ____ 2. Child's Progress/Adjustment – *Progreso y Adaptación del Niño/a*
- ____ 3. Child's Attendance - *Asistencia*
- ____ 4. Special Services (Speech Therapy, Physical Therapy, etc.) – *Servicios Especiales (Terapia de Dicción, Física, etc.)*
- ____ 5. Health Services (Medical, Dental, Nutrition, etc.) – *Servicios de Salud (Medico, Dental, Nutrición, etc.)*
- ____ 6. Others – *Otros*

Educational activities shared during the conference / *Actividades educativas compartidas en la conferencia:* _____

Center related activities/information shared with parent/guardian / *Actividades e información relacionadas con la escuela y compartidas con los padres/tutor:* _____

Parent/Guardian concerns / *Inquietudes de los padres/tutor:* _____

Parent/Guardian reaction to the conference and the Head Start Program / *Reacción de los padres/tutor a la conferencia y al programa de Head Start:* _____

Parent/Guardian Signature – *Firma de los Padres/Tutor*

Date – *Fecha*

Teacher/Center Administrador Signature – *Firma de la Maestra*

Date – *Fecha*

Mississippi Action For Progress, Inc.

Parent Input Form

Dear Parent:

We will soon be making our first routine home visit. The purpose of this visit will be to get acquainted, share information on how your child is progressing at school, share activities you can do at home with your child and receive input on your child's interests and learning style. Different children learn in different ways, using their sense of sight, hearing, or touch to master new information. To find out whether your child is primarily a visual, auditory, or physical learner, answer "yes" or "no" to the following questions.

- | | | |
|---|-----|----|
| 1. Does your child like to sit and listen to you read stories from a book without having to see the pages? | YES | NO |
| 2. Is your child a whiz at card memory games that require him/her to match like pictures? | YES | NO |
| 3. Does your child easily remember song lyrics? | YES | NO |
| 4. Using blocks, can your child easily reproduce a shape from a picture? <i>(For example, putting blocks together to make a house based on a picture that shows the shape of one)</i> | YES | NO |
| 5. Is your child great at following verbal directions in the right order? <i>(For example, "grab a piece of paper and bring it over here, then pick out a green crayon and draw a circle)</i> | YES | NO |
| 6. Does your child become really engrossed in drawing or painting? | YES | NO |
| 7. Can your child easily tell the difference between alphabet letters that look similar? <i>(For example, b, d, and p, or m and w, or g and q)</i> | YES | NO |
| 8. Is your child able to sit and listen to books on tape for about ten minutes or more? | YES | NO |
| 9. Can your child quickly spot what's missing from an easily recognizable picture? <i>(For example, a face with no eyes, a dog with no tail)</i> | YES | NO |
| 10. Does your child enjoy putting puzzles together? | YES | NO |
| 11. Does your child remember things he sees easily? | YES | NO |
| 12. Can your child memorize and repeat lines from his favorite cartoons or movies? | YES | NO |
| 13. Does your child like to trace words on a page with his hands as he attempts to read? | YES | NO |
| 14. Can your child copy words you write down on paper or on a chalkboard with little or not trouble? | YES | NO |
| 15. Can your child repeat back to you statement you have said to him previously? | YES | NO |
| 16. Does your child like to take things apart and put them back together again, or use materials such as construction paper to make things? | YES | NO |
| 17. Is your child better able to write letters of fairly similar size on a fairly straight line? | YES | NO |
| 18. Is your child having little or no trouble learning to say the alphabet? | YES | NO |
| 19. Does your child have trouble sitting completely still, and does he/she expend energy doing other things while he/she waits – tapping his feet or fidgeting with his/her hands? | YES | NO |
| 20. Does your child thoroughly enjoy hands-on activities, such as Play-Doh and Legos? | YES | NO |

Parent's Signature: _____

Date: _____

Teacher's Signature: _____

Date: _____

Learning Styles Calculator

The higher a child scores in one area, the more she prefers that learning style. If she rates similarly across all three styles, that means she uses all of them equally to grasp new information. A low score in any area means the child hardly ever relies on that learning style.



Visual



Auditory



Tactile

Visual Learner

Visual learners have an easier time grasping concepts and understanding ideas when they're able to see information. They work well with visual materials such as flash cards, videos, pictures, and charts. Visual learners are usually great at reading and games of concentration.

Auditory Learners

Auditory learners are best able to make sense of information when they hear it. They are better able to comprehend concepts and ideas when you explain them. They often like listening to music and stories and can easily repeat back information they've heard.

Tactile Learner

Physical learners (also called tactile-kinesthetic learners: "tactile" for touch, "kinesthetic" for movement) are better able to understand ideas and retain information if they can "feel" what you're trying to explain. This means that holding something in their hands or participating physically in an activity helps them grasp a concept. Children with strong tactile-kinesthetic skills are usually active and fully of energy. They do well with hands-on activities, such as shaping clay into a volcano, and with games that require the use of their bodies, such as moving large block letters around to form words.

**MISSISSIPPI ACTION FOR PROGRESS, INC.
HEAD START
REPORTE SOBRE EL PROGRESO DE SU NIÑO/A**

Nombre del Niño/a	Centro
Maestra/Asistente de Maestra	Año Escolar
Firma del Padre/Guardián	
1 ^{ro} Periodo	2 ^{do} Periodo
3 ^{ro} Periodo	4 ^{to} Periodo

La lista adjunta contiene algunas de las expectativas de los logros de su hijo/a en el Head Start. Usualmente no todos los niños alcanzan un igual nivel de crecimiento. La lista muestra aquellos puntos en los cuales el niño/a es proficiente y aquellos que necesitaran reforzarse.

Comentarios:

Maestro	Padre/Madre
1 ^{er} Periodo	
2 ^{do} Periodo	
3 ^{ro} Periodo	
4 ^{to} Periodo	

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					Continuous Black/Blue marks				
Impulsive or Explosive Behavior					Sporadic or Other Unnecessary Body Movements when Speaking				
Restlessness					Frequent Coughing				
Withdrawn					Wheezing				
Inactivity or Sluggishness					Frequent Shortness of Breath				
Sleepiness, Lethargicness					Overweight/Underweight				
Grimacing (unusual facial expressions)					Stomach Aches				
Refusal to Eat Most of the Time					Vomiting				
Clumsiness					Frequent Urination				
Limp or Abnormal Gait (walk)					Soils Self (bowel and urine)				
Discharge or Running from the Ear					Inability to Use Utensil or Feed Self				
Poor Coordination					Omits Sounds from Words				
Convulsions or Fainting Spells					Adds Unnecessary Sounds				
Spells of Inattention or Staring					Limited Word Usage				
Headaches					Trouble Following Directions				
Crossed Eyes					Protrudes Tongue on "S" or Other Sounds				
Poor Vision					Repeats Sounds Syllables, Words				
Red, Runny or Itching Eyes					Substitutes Wrong Sounds for Right Ones				
Poor Hearing					Does Not Understand What is Said				
Bleeding Gums					Voice is Hoarse or has Different Sound to it				
Skin Rash					Frequent Scratching				
Sore(s) on Skin					Pale or Sallow Skin				
Continuous Runny Nose					Frequent Nose Picking				

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: _____



Transition Plan for 4 Year Old

Child's Name: _____

Teacher's Name: _____

School/Center Name: _____

Unit # _____

Year: _____

*While there is no perfect formula to determine when children are truly ready for kindergarten, use this checklist for emerging skills
Please indicate the appropriate code each month for these skills*

Code: 1 = Needs to develop skills

2 = Needs more time to develop skills

3 = Developing as expected

4 = Mastered Skills

School Readiness Skills	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
PHYSICAL DEVELOPMENT AND HEALTH										
Cut with scissors, hold pencil appropriately and color using wrist action										
Demonstrate eye/hand coordination										
SOCIAL AND EMOTIONAL DEVELOPMENT										
Able to recognize authority										
Begin to control oneself										
Able to play small group collaboratively										
Follow two or three step directions										
Able to follow structured daily routines										
APPROACHES TO LEARNING										
Listen to stories without interrupting										
Children will increase attentiveness during teacher-directed activities										
Able to get along with other children										
LANGUAGE DEVELOPMENT SKILLS										
Talk in complete sentences of five to six words										
Able to identify 5 to 6 syllable words by clapping										
LITERACY KNOWLEDGE AND SKILLS										
Recognize rhyming sounds and words										
Look at pictures and then tell stories										
Identify the beginning and ending sounds of some words										
Recognize some common sight words										
Able to write their own name										
Understand that words are separated by spaces in print										
Recognizes environmental print (stop signs, McDonald's)										
Understands that words are read from left to right										
Understands that lines of text are read from top to bottom										
Knows the difference between letters and words										
Recognizes uppercase and lowercase alphabets										
MATHEMATICS KNOWLEDGE AND SKILLS										
Recognize groups of one, two, three, four and five objects										
Able to count up to 20										
Able to identify and match both shapes and colors										
SCIENCE KNOWLEDGE AND SKILLS										
Begin to understand the concept of past, present and future										
Begin to identify and understand the functioning of body parts										

Revised September 2012

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. Constantly out of seat during 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"/>			
 <u>Social-Emotional</u>			 <u>Communication</u>		
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. Defiant in following instructions given by teacher (adults)	<input type="checkbox"/>	<input type="checkbox"/>			

Parent's Signature: _____

Date: _____

Comments: _____

MISSISSIPPI ACTION FOR PROGRESS, INC.
1751 Morson Road • Jackson MS 39209 • Telephone: 601.923.4100

REFERRAL REQUEST

Center _____ Date _____
Child Referred: _____ Age _____
Child's Teacher _____

Reason for Referral: (Any information which will help in understanding the child or his/her problem.)

Signature _____ Title _____
Date _____

Action taken by Center Administrator (s)

Distribution of Copies:

White – Center Administrator (Write in action taken and retain white copy for your records.)

Yellow – Send copy to Central Office after writing in action taken.

Pink – Teacher retains copy.