

Program Developmental Screenings and Inclusion Plan

IdahoSTARS ★ University of Idaho ★ PO Box 444061 ★ Moscow, ID 83844-4061 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

FACILITY INFORMATION

Facility Name: _____

Classroom Contact Staff: _____

Age Group: _____

Class Size: _____

DEVELOPMENTAL SCREENINGS SCHEDULE

Please list the developmental screening tools used: _____

Initial screenings are conducted within _____ days of a child's entry into the facility.

Screenings are conducted (please check appropriate box):

- | | |
|---|---|
| <input type="checkbox"/> On entry | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> Other: (please describe) _____ |

DEVELOPMENTAL SCREENINGS OUTCOMES

Total number of children (at the time of enrollment into your program) with an existing Individualized Education (IEP) or Individualized Family Service Plan (IFSP): _____

Please describe what modifications and accommodations are implemented as a result of the screening done at your facility.

Number of children whose screening results indicated a need for additional assessment during the last twelve months: _____

Please list the number of children referred to other community agencies/programs:

School District: _____	Head Start: _____	Child Find: _____
Pediatrician/Nurse: _____	Developmental Specialist: _____	Inf./Tod Program: _____

If you would like additional support or feedback about your plan please contact your local CCR&R Office: call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588. You may also wish to request a mentor to support you in moving your plan forward.