



**DATA INTERVENTION FORM**

**Head Start Campus Intervention Team (HSCIT)**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Reason for Concern:** \_\_\_\_\_

**Documentation attached:**

- Consent for Services
- ESI Screening Score Sheet
- Ages & Stages Score Sheet
- Class work
- Teacher's daily notes (Min 10 days)
- Vision and Hearing Screening
- Transfer packet from ECI
- Child Health Record
- Classroom Observation
- Teacher
- Cur. Dir.
- Enrolled receiving services

**Interventions:**

- Classroom Observation
  - Teacher \_\_\_\_\_
  - Cu Dir \_\_\_\_\_
  - Other \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FSW Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Campus Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p>Office use</p> <p>_____ Sent to Main Office(Intervention Form only)_ _____ <b>Information in Student's file</b></p> <p>Received Disability/Mental Health Specialist _____</p> <p>Status Information:</p> <p>___ Contact Parent ___ Teacher ___ Campus Director</p> <p><b>Completed at Campus</b> _____</p>
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