**Head Start IEP Report**

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| **Child’s name:**  |  | **Parent(s):** |  | **DOB:**  |  | **Center:**  |  |

**Developmental Status:**

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| --- | --- |
| **Cognitive Development:**  |  |
| **Communication:**  |  |
| **Adaptive:**  |  |
| **Physical Development:** |  |
| **Social/emotional Development:** |  |

**Concerns in the Classroom** *Specific behaviors that adversely affect the child’s ability to benefit from the regular education program: (\*needs that qualify child for service)****:***

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**Accommodations, modifications and supports already in place in the classroom:**

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**Specific observations/behaviors in group/classroom setting:**

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**Strengths:**

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**Health Status/Medical History:**

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**Lead:**

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**Vision and Hearing status:**

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**Follow- up needed: (Health, Nutrition)**

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| **Teacher Signature:**  | **Date:** |