



NOTIFICATION OF APPROPRIATE PROGRAM OPTION/ VARIATION OF ATTENDANCE PROCESS



To: Parents/Guardians of _____
 From: Licensed Mental Health Coordinator
 Date: ____ / ____ / ____
 Re: Decision of Appropriate Program Option/Variation of Attendance

We are coming together as a team to review the progress of your child's intervention plan and make a decision regarding next steps, including determination of appropriate program option. We will also review timelines, events, services and intervention plans, which have been completed with you and your child. The review of the information will assist our team to determine the best and most appropriate program option that will better meet the needs of your child.

Our team has taken the following steps to support your child in the Early Head Start/Head Start Center-Based program option:

A Case Conference/Intervention Plan Meeting(s) was/were held to discuss your child's behavior concerns and develop strategies to support positive behavior change in the classroom.

Date(s): ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

A Safety Plan was developed detailing how staff would intervene if your child was exhibiting behavior that put his/her safety and/or the safety of others at risk.

Date: ____ / ____ / ____

An Intervention Plan Review Meeting(s) was/were held to discuss your child's progress and review the mental health/behavior recommendations for intervention and support.

Date(s): ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

In addition, the following procedures were followed, initiated and/or completed:
(note: all may apply)

- Completion of an observation by Licensed Mental Health staff
- Completion of additional screening/assessment by Early Head Start/Head Start Mental Health Staff: _____
- Documentation on the A-B-C Checklist
- Classroom observation(s)
- Referral to a Mental Health or Developmental Services agency: _____
- Other resources and referrals given: _____



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After careful review and consideration of all relevant information and the processes put in place to assist your child, the following action is recommended:

I, _____ participated and
(Parent/Guardian Name)

- I agree with the team recommendation(s)
- I disagree with the team recommendation(s). Specify:

If you disagree with the team recommendation(s), you have the right to request a meeting with the Associate Vice President (AVP) of Comprehensive Services & Quality Improvement (CSQI) to discuss any questions or concerns you may have about the proposed plan.

I am requesting to meet with the AVP of CSQI

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Teacher Date

Intervention Plan Team Member Date

Intervention Plan Team Member Date

Mental Health Coordinator/Licensed Mental Health Staff Date

Area Director Date

AVP of CSQI Date