



PRE-ENROLLMENT CASE CONFERENCE FOR CHILDREN WITH IDENTIFIED MENTAL HEALTH AND DEVELOPMENTAL CONCERNS



Form completed by: CSQI Disabilities/Mental Health Coordinator or ECE/Disabilities Specialist ONLY

Type of PECC (check all that apply): Mental Health Disabilities

Child's Name: _____

DOB: _____

1. Past early care/education experience Yes No

If "Yes," Previous program name _____ please share how the experience affected your child (socialization, behaviors, routines, etc.) _____

2. Do you have any concerns about your child's overall health & development or is your child diagnosed with a developmental delay and/or medical condition?

3. Does your child receive any other services? (check all that apply):

Speech/Language Physical Therapy Occupational Therapy

Behavioral Therapy (i.e. ABA) Mental Health Services Nutrition Counseling

Other (please describe): _____

Note: include provider contact information and complete Authorization to Release Information

4. Strengths, interests and resources (Developmental and other):

Child: _____

Family: _____

5. Area of Concerns:

Child: Speech/Language Cognitive Gross/Fine Motor Social/Emotional Sensory

Challenging Behavior (triggers and responses) Wandering (actions and environment)

Other

Family: _____



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6. Will your child require accommodations and/or modifications in the classroom or outside?

Yes No If yes, please describe: _____

Adaptive equipment or material needed: _____

7. Are there any restrictions to activities that the teacher and staff should be aware of? Yes No
If yes, please describe: _____

8. Family goals and expectations for placement in EHS/HS program:

9. ECSE/Separate Special Education Site (if applicable):

School Name: _____ Teacher Name: _____

Days/Hours: _____ Contact Information: _____

Transportation: _____

10. Early Head Start/Head Start Placement:

To be determined

Proposed Program

Home Based

Center Based Site: _____ Part Day AM Part Day PM Full Day

Will there be a variation in attendance? Yes No

If yes, please explain and write days/hours of varied attendance: _____

11. Follow-Up needed (if applicable):

Prior to enrollment; Date: _____ Time: _____

Prior to first day of attendance; Date: _____ Time: _____

Within first 30 days of attendance; Date: _____ Time: _____

Items to follow up: _____

Phone interview with parent/guardian conducted on: ___ / ___ / ___

Parent/Guardian Date Site Supervisor Date

Teacher Date CSQI Staff (if applicable) Date

ECE/Disabilities Specialist Date Other Date

Original: Child File

Copy to Retain at Area Office: Attach PECC to Pre-Enrollment Review, IEP/IFSP, and any health related documentation.

Copy to Provide to CSQI Coordinator: Attach PECC to Pre-Enrollment Review, IEP/IFSP, and any health related documentation.