



CONCHO VALLEY COUNCIL OF GOVERNMENTS



CVCOG RURAL HEAD START
325-944-9666

SAISD HEAD START/
EARLY HEAD START
325-947-3703

Health and Developmental Follow-up Notes

Child's Name:		Center Name & Room:	
Reason for Initial Follow-Up Plan:		Date of Initial Follow-up Plan:	
Contact:	Parent/Guardian, Referral Agency, FSR, Content Area Specialist / Coordinator	Contact:	Parent/Guardian, Referral Agency, FSR, Content Area Specialist / Coordinator
Record, in detail, conversation: (what, when, where, how, who, etc.) <i>Contact #:</i>		Record, in detail, conversation: (what, when, where, how, who, etc.) <i>Contact #:</i>	
Staff Signature		Staff Signature	
Parent / Guardian Signature		Parent / Guardian Signature	
Date:		Date:	
Complete	Incomplete	Complete	Incomplete
Contact:	Parent/Guardian, Referral Agency, FSR, Content Area Specialist / Coordinator	Contact:	Parent/Guardian, Referral Agency, FSR, Content Area Specialist / Coordinator
Record, in detail, conversation: (what, when, where, how, who, etc.) <i>Contact #:</i>		Record, in detail, conversation: (what, when, where, how, who, etc.) <i>Contact #:</i>	
Staff Signature		Staff Signature	
Parent / Guardian Signature		Parent / Guardian Signature	
Date:		Date:	
Complete	Incomplete	Complete	Incomplete

Revised 5/11

Original: Attach to the initial follow-up plan.
Copy: Content Area Specialist/Coordinator

Use additional follow-up notes as needed