LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
EHS Disabilities Staffing Form

Child's Start Date: _____LOC ID: _____

Child's Full Name: _____ Date of Birth: _____

(Adjusted Age per ASQ-3, when child was born pre-mature): _____

Date of Staffing: _____ Date of Referral: _____

Reason for Staffing child (Provide summary, for example: Parent is concerned about child's speech and that he falls a lot):

Birth – 3 Developmental Area of Concern:

- ☐ Adaptive
- ☐ Cognitive
- ☐ Fine Motor
- ☐ Gross Motor
- ☐ Social-Emotional
- ☐ Speech

Information Attached:

- ☐ ASQ-3 Screening (all pages)
- ☐ ASQ-SE2 Screening (if there are concerns)
- ☐ Parental Release of Information (ROI)
- ☐ Other

Comments:

Original: Health Coordinator; then Site File Copy: School Readiness Specialist; Part C if requested
(C: 06/21 R: 10/25)