LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Teacher's Assessment Summary

Teacher: Please circle the areas to which information pertains.

☐ **Social/Behavior** ☐ **Communication** ☐ **Fine Motor**
☐ **Gross Motor** ☐ **Cognitive**

Student Name: _____ Birthdate: _____ Age: _____

Teacher: _____ LOC ID#: _____ Date: _____

1. Describe the concerns in the above circled areas:

2. What interventions have been used to help the child in each area?

3. What were the outcomes of the interventions in each area?

Distribution: Original: site file Scan to: Health Coordinator

(C: 07/97; R: 09/2025)

Checked for Accessibility: GM, ECR, 06/30/2026, Adobe Acrobat Accessibilty Checker

Information Attached:

Staff provides to Health Coordinator, at least 2 weeks before the staffing:

_____ Teacher Assessment Summary (DISA 2d)
_____ Vision and Hearing
_____ Sensory Profile (if applicable)
_____ TS Gold Documentation (Observations and/or Assessment Date Reports)

Health Coordinator uploads to Google drive/shares with School District:

_____ ASQ 3 (all pages)
_____ ASQ SE-2 (all pages)
_____ DIAL-4: _____
_____ DIAL-4 Teacher Questionnaire
_____ DIAL-4 Parent Questionnaire
_____ Health History
_____ Parental Release of Information
_____ Behavior Incident Report (only if social/emotional referral)
_____ Other

_____
Teacher's Signature

Distribution: Original: site file Scan to: Health Coordinator

(C: 07/97; R: 09/2025)