Southern NH Services, Inc.-Child Development Program

Child Review Form

Child Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff in attendance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Child Review: \_\_\_elevated teacher ASQ: SE \_\_\_behavioral concerns

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| Child and Family Strengths  *Relationships, interests, engagement, culture, resilience* |  |

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| Child and Family Needs  *Developmental, DCYF involvement, health concerns, etc.* |  |

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| Social Emotional Needs  *Examples: Following routines or expectations, expressing emotions, regulating activity level, connecting to teachers or peers, communication, play skills* | Planned Strategies  *Examples: Documentation, environmental changes, individual reminders, visuals, incentives, increase one to one time* |
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**Schedule follow-up meeting within 2-4 weeks from initial meeting**

Scheduled Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff in attendance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Update  What strategies were tried, for how long | Child Progress |
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| Next Steps (Check all that apply): |
| \_\_\_No further action required \_\_\_Referral to Specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_Referral to ESS or School District \_\_\_Referral to MH Services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |