

# COLLEGE OF SOUTHERN IDAHO HEAD START/ EARLY HEAD START

## HS 3-5 INCOMPLETE SERVICE AGREEMENT

(Instructions for FE: Please indicate by a ✓ check mark those areas that require completion or follow-up.)

to be completed <b>within 45</b> days of enrollment	to be completed <b>within 90</b> days of enrollment
<b>Hearing</b> <input type="radio"/> 3-5 yrs. due every year <b>Vision</b> <input type="radio"/> 3-5 yrs. due every year <b>Growth</b> <input type="radio"/> at 45 days & Sept/Dec/Mar	<b>Dental Exam</b> to be completed <b>within 90</b> days of enrollment. <input type="radio"/> <b>Dental Exam</b> for children age 3-5 due every year follow date of last exam or birth date +30 days
<b>Social- Emotional</b> <input type="radio"/> DECA  <b>Developmental</b> <input type="radio"/> HS ESI	<b>Speech &amp; Language</b> <input type="radio"/> HS Fluharty 3-4½ or 4½-6  <b>Well Child Exam</b> to be completed <b>within 90</b> days of enrollment. <b>And at the following:</b> <input type="radio"/> 3yrs <input type="radio"/> 4 yrs. <input type="radio"/> 5yrs. Well Child exams are due every year 1. follow 90 days rule first 2. then date of child's last exam +30 days or 3. birth date +30 days. On-going well-child exams must be kept current.
<b>Immunizations</b> use <b>State of Idaho Conditional Attendance Form</b> to allow 2 weeks to update Immunizations or <b>State of Idaho Exempt Form</b> , if claiming exemption  <b>FOLLOW-UP</b> <input type="radio"/> Dental Follow up Treatment <input type="radio"/> Hearing follow up <input type="radio"/> Vision follow up <input type="radio"/> Underweight/ overweight follow up <input type="radio"/> <b>Other Medical follow up (FE: please list):</b> _____ _____	<b>Blood Lead</b> screening to be completed <b>within 90</b> days of enrollment <input type="radio"/> at age 3-5 if not tested previously  <b>Blood Pressure</b> to be completed <b>within 90</b> days of enrollment <input type="radio"/> age 3-5 to be completed every year within 90 days and then follow the child's age and/or Wellness Exam  <b>Hematocrit</b> to be completed <input type="radio"/> at age 5 (+30 days)

**Instructions for FE:** Please have the parent(s) write the reason(s) the exam or screening is not complete and the plan to get the child back on track with EPSDT (Early & periodic screening/diagnosis and treatment) guidelines.

**Instructions for Parent:** Please read/fill out:

As the parent or guardian of \_\_\_\_\_  
Child's Name Birth date

I understand that it is my responsibility to insure completion of health, dental exams and sensory and developmental screenings and follow-up for my child/myself, as required by the CSI Early Head Start Program Performance Standards.

I understand that my child is past due on the exam or screening indicated above,

I plan to get my child back on track by this date: \_\_\_\_\_ ( list how your FE can help Example: transportation, reminding you of appointment, helping you to call and set up appointment) \_\_\_\_\_

I do not wish to receive these services because: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Educator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center