

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# Spokane County Head Start/Early Head Start INITIAL CHILD INDIVIDUAL PLAN (CIP) – I/T HOME-BASED

Name \_\_\_\_\_ Teacher \_\_\_\_\_

Site \_\_\_\_\_ Current age \_\_\_\_\_ Enrollment date \_\_\_\_\_

Ounce	Date	Most Recent	Previous	Previous

**Most recent developmental screen results:**

**Date:** \_\_\_\_\_

<b>Summary of Current Abilities and Interests</b>	<b>Social Emotional Development:</b> Personal connections; feelings about self, relationships with others
	<b>Cognitive Development:</b> Exploration and problem solving
	Understanding and communicating
	<b>Physical Development:</b> Movement and coordination

<b>IFSP / Focus Goals</b>	1.
	2.
	Connecting goals to home experiences

**Transition information for 2-1/2 years and older, or as appropriate**

Transition to \_\_\_\_\_  Interpreter support recommended (primary language) \_\_\_\_\_

Health plan in place  Transition plan in place

I give permission for this form to be shared at my child's new provider/school  Yes  No

Other home visit/conference information is on back of page

Staff signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

<input type="checkbox"/> 1st CIP
<input type="checkbox"/> 2nd CIP
<input type="checkbox"/> 3rd CIP