

COMMUNITY ACTION OF SOUTHEAST IOWA
 HEAD START / EARLY HEAD START
 INTERVENTION PLAN

Child name: _____

Teacher: _____

(Responsible)

Date	Concern	Date	Intervention	Date	Result	Staff Initials
9/26	SAMPLE: Low Brigance -unable to identify shapes	10/1	3 min/day Work on identifying circle, square and triangle	11/7	Brigance Rescreen-able to identify circle only. Refer to AEA	