



Action Plan/Plan de Acción

Legal Last, First Middle Name: Explorer, Diego

Date: 8/7/22 DOB: 3/15/19

Instructions: This form can be used in conjunction with other forms.

Topics:

<input type="checkbox"/> Medication	<input type="checkbox"/> Transportation	<input type="checkbox"/> Family Situation	<input type="checkbox"/> Health	<input type="checkbox"/> Disabilities
<input type="checkbox"/> Education	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Internal/External Referral	
<input checked="" type="checkbox"/> Other: Attendance				

TOPIC/DISCUSSION	PROPOSED ACTION	PERSON RESPONSIBLE	DATE COMPLETED	FOLLOW-UP
Regular Attendance to help maintain 90% individual attendance rate. (Per Head Start Program Performance Standard and in Family Handbook).	For Diego to attend school regularly Monday-Friday unless ill. Diego will attend at least an hour a day to count for child's attendance. Parent/Guardian will notify Family Advocate/Staff regarding child's absences. Family Advocate/Staff will call parent guardian as well. (Per Head Start Program Performance Standard).	Family/Child Parent/Guardian and Staff		On-going communication, parent/guardian will notify staff of any family situation that might be an obstacle (Child ill/sever illness, no transportation, or other). Notify staff that child will be absent for the day. As Needed

Teacher: _____ Family Advocate: _____ _____ <p style="text-align: center;">Staff</p>	Complete if applicable: _____ <p style="text-align: center;">Parent/Guardian</p> _____ <p style="text-align: center;">Date</p> <div style="text-align: right;"> <input type="checkbox"/> Agree <input type="checkbox"/> Disagree OR <input type="checkbox"/> Informed On _____ </div>
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Copies: _____ file _____ parent/guardian
 Family Support #8

Original to file

Revised 11/8/2023



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Apellido, Primer Segundo Nombre Legal: _____

Fecha: _____ FDN: _____

Instrucciones: Este formulario puede utilizarse junto con otros formularios

Temas:

<input type="checkbox"/> Medicamentos	<input type="checkbox"/> Transporte	<input type="checkbox"/> Situación familiar	<input type="checkbox"/> Salud	<input type="checkbox"/> Discapacidades
<input type="checkbox"/> Educación	<input type="checkbox"/> Nutrición	<input type="checkbox"/> Salud mental	<input type="checkbox"/> Remisiones internas/externas	
<input type="checkbox"/> Otros: _____				

TEMA/CONVERSACIÓN	MEDIDA PROPUESTA	PERSONA RESPONSABLE	FECHA EN QUE SE COMPLETÓ	SEGUIMIENTO

<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Personal</p>	<p>Complete si corresponde:</p> <p>_____</p> <p style="text-align: center;">Padre/Tutor legal</p> <p>_____</p> <p style="text-align: center;">Fecha</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> De acuerdo </div> <div style="text-align: center;"> <input type="checkbox"/> En desacuerdo </div> </div> <p style="text-align: center; margin-top: 10px;">○</p> <p style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Informado en: _____</p>
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