

**FAMILY OUTREACH PROGRAM (F.O.P.)
STUDENT INTERVENTION & FAMILY SUPPORT SERVICES
PLAINFIELD PUBLIC SCHOOLS**

EXIT SUMMARY FORM

We have appreciated the opportunity to work with you and your child and family. Each child is unique and having the opportunity to watch your child grow has been rewarding. The following serves as a brief summary of your child's development in every area screened during his/her time as a student of this childcare center.

We thank you for your cooperation and participation.

IDENTIFYING INFORMATION

Child Name: _____ **D.O.B.** _____

Parent/Guardian Name: _____ **Relationship to Child:** _____

Family Worker: _____

Date Entered Program/Center: _____ Date Exited Program/Center: _____

of Home Visits: ____ # of Center Visits: ____ # of Outreach Visits: ____ # of Parent Meetings: ____

Reason for Exit: _____

MOST RECENT SCREENING INFORMATION

1. Developmental Screening Instrument Used: _____ Date: _____

<u>Results:</u>	<u>Age Appropriate</u>	
Personal-Social	Yes	No
Fine Motor/Adaptive	Yes	No
Language	Yes	No
Gross Motor	Yes	No
Problem Solving	Yes	No

2. Health Screenings - Specify Dates and Abnormal Results (as determined by conducting medical personnel)

<u>QUESTIONNAIRE</u>	<u>DATE CONDUCTED</u>	<u>ABNORMAL RESULT (as applicable)</u>
Health	_____	_____
Dental	_____	_____
Vision	_____	_____
Hearing	_____	_____

3. Other Screenings Conducted (as applicable): _____ Date: _____

Respective Results (as applicable): _____

GENERAL OBSERVATIONS

Strengths of Child: _____

Strengths of Parent/Family: _____

Concerns (specify): _____

Family Worker Signature: _____ **Parent Signature:** _____