

AEOA Head Start
Referral for Child Modified Schedule

The teacher listed below is making a referral for consideration for a Child Modified Schedule (CMS) for the child listed below.

- The teacher will complete all information below and **email the completed form to their Program Manager, DMHM, and the Information Systems Specialist.**
- The Program Manager will review and follow up with classroom staff for additional information or suggested interventions.
- The Program Manager will bring the request forward to the Interdisciplinary Management Team (IDT) for case management if appropriate.
- **Form naming convention:** CMS-CPID#-FirstNameLastName-Site-DateOfRequest

Date of request for Child Modified Schedule _____

Child's Name _____ Site _____ CPID # _____

Modified Schedule being requested by: Teacher request Parent request

Summary of concerns, behaviors observed, and reason for requesting a modified schedule (**including parent requests**):

The following referrals and interventions have been completed by teachers (check all that apply):

- Behavior Tracking Tool form completed and submitted to the office
- Social-Emotional Observation Referral submitted (CRF)
- Mental Health Outside Referral submitted (CRF)
- Swivl Video used to capture behaviors and shared with DMHM and Program Manager
- Program Manager observation completed
- Teacher-Parent meeting/conference to discuss behaviors
- Consultation by Mental Health Consultant

Summary of behavior interventions already implemented. Include any daily classroom modifications attempted.

Return Completed Form: Email to Program Manager, DMHM and Information System Specialist