**NH Preschool Technical Assistance Network**

SERESC, 165 South River Rd Unit F, Bedford, NH 03110 • 603-206-6800 • <http://ptan.seresc.net/>

Joan M. Izen, MA, CCC/SLP, Project Director

**PTAN Child Care Inclusion Project - Monthly Consultation Report**

Email this report and your corresponding invoice **monthly** for the duration of the consultation along with any additional reports, action plans or handouts you shared with program staff (email to [jizen@seresc.net](mailto:jizen@seresc.net) and [ptanprojasst@seresc.net)](mailto:ptanprojasst@seresc.net)). **Please respond to all questions on this report form.**

**Consultant’s Name: Child Care Program Name:**

**Lead Teacher First and Last Name: Child’s First Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document each program contact using this key:**  **T=telephone, E=email, OTA=onsite technical assistance, VTA=virtual technical assistance, OTR=onsite training, VTR=virtual training, R/P=research, prep or report writing** | | | |
| **Activity Date** | **Activity Type**  **(Using key above)** | **Total time IN MINUTES**  **(1 hour=60)** | **Who did you consult with?**  **(Include First and Last names of consultees)** |
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**Briefly respond to each of the following questions:**

1. **What were the key consultation issue(s) addressed this month?**
2. **What recommendations did you suggest?**
3. **What progress did you observe (child/teacher/classroom) this month?**
4. **What strategies did you recommend to support parent involvement (including parent communication and modifying recommendations for families to use at home)?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Explanation** |
| **For all consultations:** |  |  |  |
| Was the Expulsion Prevention Self-Reflection Checklist completed? |  |  |  |
| Was an action plan developed? |  |  |  |
| Does the program have an Expulsion Prevention Policy? |  |  |  |
| If yes, is the policy compliant with licensing regulations? |  |  |  |
|  |  |  |  |
| **For child-specific consultations:** |  |  |  |
| Referred to Early Supports and Services? |  |  |  |
| Referred to his/her school district for Preschool Special Education? |  |  |  |
| Referred elsewhere for evaluation or support? (If yes, where?) |  |  |  |
| Removed from the program at parents’ request? (If yes, why?) |  |  |  |
| Expelled from the program? (If yes, why?) |  |  |  |

1. **Is the consultation complete? Yes No**

**(circle one)**

1. **If the consultation is ongoing, what are your next steps?**