

Service Coordination Log

Child's Name: _____ DOB: _____

Service Coordinator's Name: _____ Agency: _____

IEP Dates: _____

Responsibilities of the Coordinator of Preschool Services

The Coordinator must be the SEIT provider or one of the individuals providing related services to the child as designated by the CPSE. Coordination activities which must be documented by the coordinator and aggregated into half hour service blocks consist of:

- | | <u>Initials/Date</u> |
|---|----------------------|
| • Initial contact with parent to introduce/confirm preschool services and service coordination | _____ |
| • Facilitating the schedule for service delivery, offering recommendations and consulting with CPSE Chairperson to resolve scheduling issues when appropriate | _____ |
| • Verifying all providers have access to IEP and understand their role | _____ |
| • Reviewing goals with team to ensure appropriateness for child. | _____ |
| • Sharing appropriate information with other related service providers for the appropriate integration of such services, including but not limited to: parent contact, concerns, childcare contact, preschool modifications, etc. | _____ |
| • Communicating report deadlines/meeting dates to all providers on the team | _____ |
| • Ensuring that the coordinator has a general knowledge of the child's progress, as well as any significant considerations, in each related service area. | _____ |
| • Ensuring the service coordinator, or another team member, attends all of the CPSE meetings after the initial placement, including annual review. | _____ |
| • Providing, at the request of CPSE, progress information to parents | _____ |
| • Facilitating regular communication with parent (phone, email, notebook, etc.) and addressing concerns beyond the information that is provided to parent through the CPSE. | _____ |
| • Conducting activities such as telephone conferences or other communication practices which may be billable activities. | _____ |
| • Submitting copy of completed Service Coordination Log to CPSE with Annual Review documentation | _____ |

Service Coordination Event Log

Child's Name: _____ **DOB:** _____

Service Coordinator's Name: _____ **Agency:** _____

IEP Dates: _____

The initials after each entry certifies that the information provided on this form is a true and accurate representation of the facts.

Date	Code	Notes	INITIAL AFTER EACH ENTRY	Time

CODES			
CS	Coordination of Services	OC	Conferencing with other providers
PM	Preparation for CPSE Meeting	PH	Phone Contact
AM	Attendance at CPSE Meeting	OT	Other
PC	Conferencing with Child's Parents	CC	ChildCare/Preschool Collaboration
OB	Observation		
			TIME Note the exact number of minutes for each activity listed