**Itinerant Early Childhood Special Education Planning and Documentation Form**

**Child’s Name: Child’s D.O.B.:**

**Early Childhood Program: IECSE Teacher:**

**Early Childhood Teacher:**

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| **Time****Onsite:** | **Summary of Service Delivery Visit:***Review the visit plan. Were the consultation/collaboration and direct instruction activities implemented as planned? What worked well and what didn’t?* | **Follow-Up Tasks/Plan for Next Visit:***What follow-up tasks need to be completed? What is the plan for consultation/collaboration and direct instruction on the next visit? As you prepare: Review progress on IEP goals. Review the matrix and reflect on fidelity of implementation. Consider recent communications. Prepare instructional material and secure any needed professional development resources.*  |
|  | Date of Visit: | Date of Next Visit: |
|  | Date of Visit: | Date of Next Visit: |

 Adapted from the RI-Itinerant Early Childhood Special Education (RI-IECSE) Documentation Form

