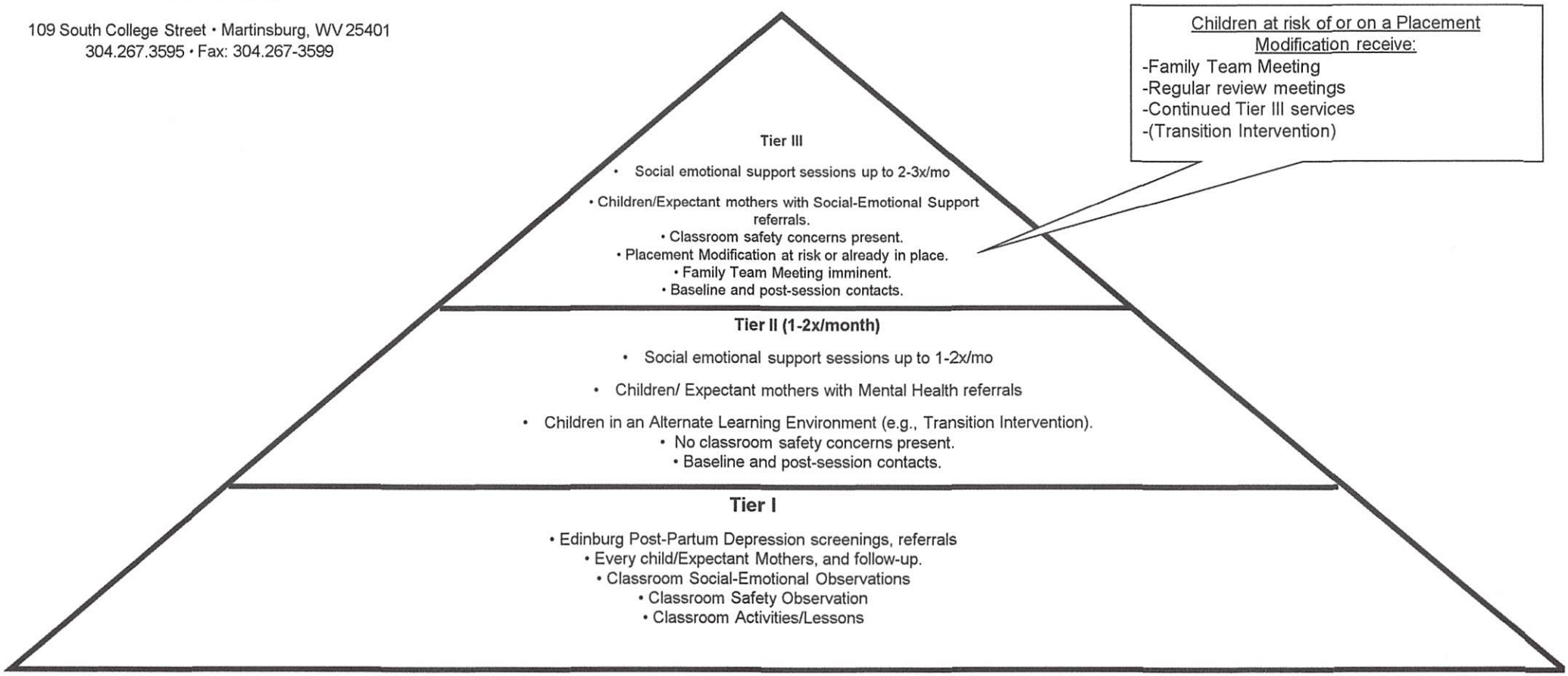
Eastern Panhandle Instructional Cooperative
EPIC
Serving the educational needs of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

The Mental Health Tiers of Service

2026 - 2027

The following tier levels implemented by the Mental Health Specialist determine service frequency to EPIC Early Head Start/ Head Start/ Pre-K children, expectant mothers and families.



Eastern Panhandle
Instructional Cooperative

EPIC

Serving the educational needs
of the entire community

MENTAL HEALTH

POLICIES & PROCEDURES

2026 - 2027

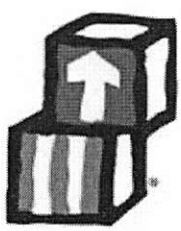


TABLE OF CONTENTS

I. INTRODUCTION

The EPIC EHS/HS/PreK Mental Health policies, processes, and procedures are guided in accordance with Head Start Performance Standards § 1302.45 and § 1302.46, such that:

- Each child enrolled in the EPIC HS/PreK/Early Head Start program is eligible to receive a Social Emotional Support Referral regardless of behavioral presentation.
- The Mental Health process is strengths-based, respectful, reciprocal, and family-focused from initiation of a referral to discharge.
- The process is individualized in its entirety to meet each child and family's unique needs.

II. MENTAL HEALTH SERVICES

A. INDIVIDUALIZED SERVICES

i. **SOCIAL EMOTIONAL SUPPORT REFERRAL.** Social Emotional Support Referrals may be completed for any child participating in the EPIC HS/PreK/Early Head Start program for any behavioral or social-emotional concerns, issues, or needs. **See paper form: Mental Health Support Referral Packet.**

ii. **SUBMISSION OF MENTAL HEALTH SUPPORT REFERRALS:** Mental Health Support Referrals can be submitted by either/or Parent/Guardian-Request, Parent/Guardian + Teacher-Request, Parent/Guardian + Home Visitor/Family Advocate Request. Mental Health Support Referrals for children enrolled in the Head Start/PreK program will not be accepted by Education Staff within the first three weeks of the school year to allow children time to adjust to the classroom environment unless approval obtained from Mental Health Specialist. The process of which is outlined in the steps below:

STEPS FOR SUBMISSON:

1. Discussion between Lead Teacher and Manager.
2. Staff and the parent/guardian complete the Social Emotional Support Referral packet requesting services regarding behavioral or social/emotional concerns.
3. Complete the entire Mental Health Support Referral Packet.
4. Ensure all signatures are present. Leave nothing blank.
5. After completing the Mental Health Support Referral Packet:
    - Scan and email the pdf to the Mental Health Specialist, Manager, and Director.
    - Input a "High Importance Red Exclamation Point" email indicator
    - In the email subject line "MH Referral"

iii. **RETURNING CHILDREN FROM PRIOR SCHOOL YEAR(S) WITH MENTAL HEALTH SUPPORT REFERRALS**

For any child of whom has a Mental Health Support Referral in the prior school year, a new Social Emotional Support Referral is needed if requested by staff/parent/guardian. Submit Mental Health Support Referral through steps as outlined above.

iv. **MENTAL HEALTH OBSERVATION/FBA**

The Mental Health Specialist completes an Observation-Functional Behavior Assessment (FBA) within 15 business days of the Mental Health Support Referral on the Observation-FBA Form. The number of observations will be left to the discretion of the Mental Health Specialist. **See Form: Observation/FBA Form.**

v. FAMILY MEETINGS:

The Mental Health Specialist contacts the Parent/Guardian within 10 business days after the Social Emotional Support Initial Observation/Functional Behavior Assessment to schedule an in-person Family Meeting with the Family Advocate to inform and discuss the following:

- Social Emotional Support Initial Observation outcome
- Conduct further assessment
- Develop a Mental Health Support Plan with goals/plan
- Refer to a community mental health agency
- Discuss communication and planned Social Emotional Support session scheduling
- Obtain a release to the Local Education Agency (if not already obtained)
- Provide the family with a Social Emotional Support Introductory Packet.

At the in-person meeting with the referring Parent/Guardian, Family Advocate, and the Mental Health Specialist will: discuss social emotional support goals for their child and services.

Specialized mental health treatment services will be provided on a case by case basis by, and at the discretion of the Mental Health Specialist, and agreement by the family. If a need for a Family Team Meeting/Placement Modification is identified at this time, the parent/guardian/staff will be contacted.

A copy of the Mental Health Support Plan will be provided to a member of the child's team (Ed Staff, Family Advocate) to send home in the child's folder for parent/guardian signatures, and to review for outcome of the Social Emotional Support Observation.

Ed Staff will scan/email the signed Mental Health Support Plan to the Mental Health Specialist. The original signed Mental Health Support Plan is then placed in the Mental Health section of the child's file.

vi. SERVICE IMPLEMENTATION

Mental Health services are provided in three tiers. **See Form: Tiered Services.**

- Tier I applies to all children enrolled in the EPIC HS/PreK program. Tier I services are provided in the Form of Classroom Social-Emotional Classroom Assessment, Classroom Safety Observation Assessment, Classroom Activity/Lessons, and/or Classroom Support.

- Tier II services require a Social Emotional Support Referral, in which children receive Social Emotional Support Sessions one to two times per month individualized/group classroom-based social-emotional skill building support or

services. Documentation of sessions will occur on Social Emotional Support Session notes. **See Form: DAP Note.**

- Tier III services require a Social Emotional Support Referral, in which children receive individualized/group classroom-based social-emotional skill building support or services up to two to three times per month. Documentation of sessions will occur on Social Emotional Support Session Note form. **See Form: DAP Note.**

- If Social Emotional Support Sessions are missed due to a range of reasons: child illness, absence, staff schedule, classroom activities, or for other reasons not specified, the sessions are not rescheduled.

- Social Emotional Support Sessions are targeted individualized/group sessions or classroom support to increase social-emotional learning in the early childhood environments.

vii. ONGOING ASSESSMENT

Tier Level Assignment and Social Emotional Support Plan goals will be reviewed and updated as needed with the Parent/Guardian. Referrals to Education Coach, and ongoing monthly meetings with Managers will occur for continuous updates.

viii. COMMUNICATION WITH FAMILIES

Consistent contact will be maintained to ensure families' active participation and involvement in the process. After each session, a Session Contact Note will be emailed to the referring parent/guardian indicating the day/time, and skills that were worked on during that session. **See Form: Session Contact Note.**

ix. CONCLUSION OF SERVICES

The Mental Health Specialist will complete a Mental Health Discharge Summary Form at the conclusion of the child's school year, last session, or as determined. The family will receive a Kindergarten Transition Packet containing a summary of their child's progress and resources by the end of the school year. **See Form: Mental Health Support Discharge Summary Form.**

x. KINDERGARTEN TRANSITION MEETINGS

Kindergarten Transition Meetings will be scheduled by the Mental Health Specialist for any child(ren) displaying severe behavioral concerns towards the end of the school year with the receiving school principal.

xi. REFERRALS TO LOCAL EDUCATION AGENCIES

Referrals to Local Education Agencies may occur at the time of the Family Team Meeting. See below section on Family Team Meetings.

xii. DOCUMENTATION

Mental Health documentation is placed two locations – electronically in the ChildPlus data management system, and a paper copy placed in the Mental Health section of the child's file.

xiii. FILING

Mental Health documentation will be filed by following type with the most recent documentation for that type located in front in order detailed on the Health File Information Sheet.

B. CLASSROOM SERVICES

i. CLASSROOM SOCIAL-EMOTIONAL ASSESSMENT

Classroom Social-Emotional Assessments are completed for a half-day in the classroom by the Mental Health Specialist/Transition Interventionist twice per year, first within the first six weeks of the school year, and the second within the first six weeks of returning from winter break. A copy of the assessment, feedback, and recommendations are provided to the Education Staff including, Lead Teacher, Assistant Teacher, Manager, and to the Mental Health Specialist. **See Form: Classroom Social-Emotional Assessment.**

ii. CLASSROOM TRAUMA ASSESSMENTS

Classroom Trauma Assessments will be completed by Education Staff after the first parent-teacher conferences and submitted to the Mental Health Specialist. Each child in the classroom is listed on the form. **See Form: Classroom Trauma Assessment Form.**

iii. CLASSROOM ACTIVITY/LESSON REQUESTS

Classroom Activity/Lesson Requests may be requested by Education Staff for a classroom of children displaying a varying range of social-emotional needs. Classroom Activities or Lessons are completed by the Mental Health Specialist. **See Form: Classroom Activity/Lesson Request Form.**

iv. CLASSROOM SAFETY ASSESSMENT OBSERVATIONS

To address the ongoing vigilance of classroom safety, Education Staff (Manager included) can request a Classroom Safety Assessment Observation. The Classroom Safety Assessment Observation is completed within *three business days* following submission of the request of the Mental Health Specialist. **See Form: Classroom Safety Assessment Observation Request Form**.

v. CLASSROOM SUPPORT SERVICES

Classroom Support Services may be provided by Transition Interventionists (Berkeley and Jefferson counties) by request from the Manager to the Mental Health Specialist. Documentation of the Classroom Support Visit will occur on the Classroom Visit Note, and provided to the Mental Health Specialist by Friday of the week the support was provided. **See Form: Transition Interventionist Classroom Visit Note.**

C. SEVERE BEHAVIOR INTERVENTION

EPIC Head Start will limit suspension and expulsion in accordance to Head Start Performance Standard § 1302.17 Suspension and expulsion and § 1302.45 Child Mental health and social and

emotional well-being. In extraordinary circumstances, when a child's behavior creates a serious safety concern to him/herself, others, and/or seriously disrupts the classroom environment after more than one occurrence, the Severe Behavior Intervention Procedure will be implemented upon approval of the Mental Health Specialist and/or Child Development. Staff will work with their Manager, Child Development Specialist, Mental Health Specialist, Coach, and the parent/guardian to provided reasonable modifications and obtain recommendations to reduce or eliminate serious safety concerns in the classroom, using research-based early childhood best practices. The goal for any child's schedule that has been modified is participation in a full school day by the end of the school year. Serious safety concerns are defined as more than one occurrence of the following:

- Violence or aggression toward persons or property with behavior sufficient to put themselves or others in danger of immediate harm.
- Threats to inflict harm to others verbally or with gestures or specifically targeting individuals. See Threat Policy.
- Possession of or use of any object for a weapon with the intent to do harm to persons or property.
- Seriously disrupts the teaching / learning process for self and others.
- Repeated refusal to respond to basic directions regarding safety.

i. SEVERE BEHAVIOR INTERVENTION PLACEMENT MODIFICATION PROCEDURE:

- The Lead Teacher/Assistant Teacher will immediately report serious safety concerns directly to their Manager.
- The Manager will determine which steps need to be taken to allow the classroom to return to a normal and safe environment.
- The Manager will report the incident to the Mental Health Specialist and Child Development Specialist.
- If severe and extreme health and safety behaviors are being observed in the classroom, and unable to be de-escalated, the Mental Health Specialist must be contacted.
- At the end of the school day, the Lead Teacher/Assistant Teacher will meet with their Manager to document details of the incident and discuss researched-based behavior strategies to utilize moving forward.
- Documentation will be filed in the Mental Health section of the file in the Form of a Contact Note or Daily Mental Health Daily Behavior Chart Forms.

ii. FAMILY TEAM MEETINGS

Depending on the behaviors and severity presented in the early childhood learning environment, a Family Team Meeting, including all members of the child's education and support team, including Education Staff (Lead Teacher, Assistant Teacher, Manager), Child Development Specialist, Mental Health Specialist, Transition Interventionists (if applicable), Transportation Staff, Meal-Time Support Staff, and the parent/guardian will be scheduled to develop a plan for the child. **See Form: Family Team Meeting Summary**. The plan will be documented on the Family Team Meeting Form and may include any of the following:

- Classroom observations.
- Parental classroom visits to assist in facilitating positive behavior guidance.
- External referrals for evaluation utilizing community resources such as community mental health agency, Local Education Agency, Health professional and other appropriate specialists or resources as needed.
- Additional staff and parent guidance in positive behavior practices.

- Referrals to Local Education Agencies will be made at the time of the Family Team Meeting to assist with behavior supports, and kindergarten planning.

iii. SEVERE, UNSAFE, AND EXTREME CIRCUMSTANCES

If the behaviors are severe and injurious in any nature and a Family Team Meeting cannot be scheduled due to the urgency of the matter, then the Mental Health Specialist and Child Development Specialist will contact the Parent/Guardian to inform of the Placement Modification.

iv. PLACEMENT MODIFICATION APPROVAL

Approval of a Placement Modification completed by the Mental Health Specialist and Child Development Specialist. Documentation of the modification will occur on the Placement Modification Approval Form. Modifications implemented on a case-by-case basis, and may include:

- Change in classroom assignment
- Modified (shortened) schedule, with a plan to gradually increase the schedule pending observable positive behavior.
- Temporary Alternative Learning Environment
- Referral to Local Education Agency
- The Program Director will be informed of Placement Modifications via email.
- **See Form: Placement Modification Approval Form.**

v. PLACEMENT MODIFICATION REVIEW MEETINGS

Placement Modification Review Meetings will occur regularly to review progress, as needed, which include the Parent/Guardian, Lead Teacher, Family Advocate, Manager, and Mental Health Specialist. Additional members may attend Family Team Meetings, as requested by the parent/guardian, with 24 hours notice to the Mental Health Specialist and a signed Release of Information, due to the confidential Information discussed. Further changes or recommendations to an existing schedule may be made. Prior to a schedule increase additional Mental Health Observation will be completed.

The Mental Health Specialist will continue to provide services and parent communication based on the tiered service level requirements.

The purpose of the Placement Modification Review Meetings are to discuss the child's progress, updates, and needs on a regular basis. Schedule modifications are also discussed during the Placement Modification Review Meetings and not time can be increased, decreased, or no change.

An outcome of the Placement Modification Review Meeting will be provided electronically to the child's education team.

vi. PLACEMENT MODIFICATION DOCUMENTATION

a. MENTAL HEALTH DAILY BEHAVIOR CHART

Education Staff will complete Mental Health Daily Behavior Charts documenting the child's behavior throughout the day, indicating the time, activity, severity, intensity of behaviors, and attempted strategies including the effectiveness. Mental Health Daily Behavior Chart Logs are

submitted electronically on a weekly basis to the Mental Health and Child Development and Disabilities Specialists, and Manager. The Mental Health Daily Behavior Chart Form is provided to the Parent/Guardian on a weekly basis. Children's behaviors may also be documented on the Mental Health Daily Behavior Chart for two-week intervals if severe behavioral concerns are observed regardless of placement modification status. **See Form: Mental Health Daily Behavior Chart Log.**

b. ATTENDANCE TRACKING

The Mental Health Specialist will review attendance for children on a Placement Modification electronically on ChildPlus and on Placement Modification Review Meetings.

vii. PLACEMENT MODIFICATIONS AND MENTAL HEALTH SUPPORT SESSIONS

Placement Modification schedules supersedes Mental Health Support Sessions. A **Missed Visit Form** is completed when sessions could not be completed as planned.

viii. PLACEMENT MODIFICATION MANAGEMENT

At the initiation of the Placement Modification, the Mental Health Specialist will provide the Education staff with an electronic version of the Mental Health Daily Behavior Chart, calendar invites for placement modification review meetings.

D. TRANSITION INTERVENTION (TI)

The Transition Intervention is offered by the Mental Health Specialist to any child located in Berkeley or Jefferson counties who have experienced a modification to their schedule, or if a child/family's needs are elevated to assist the child and family with their transition to Kindergarten.

- If the family agrees to participate in the Transition Intervention, the family will be contacted by the Mental Health Specialist to schedule the initial home visit, review guidelines, and schedule subsequent home visits.
- A Social Emotional Support Referral is not required to participate in the Transition Intervention.
- A family may withdrawal from the Transition Intervention at any time.
- The ultimate goal of the Transition Intervention is to provide the necessary supports the child and family need to achieve a full school day by the end of the school year with a purpose of preparing the child safely for Kindergarten.
- A program must ensure the Lead Transition Interventionist and Assistant Transition Interventionist, implement developmentally appropriate suggestions, activities, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences.

i. SCHEDULING TRANSITION INTERVENTION HOME VISITS

The initial scheduling of Transition Intervention home visits occur by the Mental Health Specialist by review and access to the Transition Interventionists electronic updated calendar. The time of the home visits may range between 60 – 90 minutes, as determined by the Mental Health Specialist.

Additionally, if a child's modification requires less than a half-day in the classroom (e.g. less than 4 hours), then, a 90 – minute home visit will be scheduled on a weekly basis. If a child's modification is more than a half day (e.g. 4 or more hours), then a 60 – minute home visit will be scheduled on a weekly basis.

ii. TRANSITION INTERVENTION LESSON PLAN

Transition Interventionist staff will include the following items are located on each lesson plan:

- A conjoint parent-child initiated social-emotional activity. the title of the book being read, Learning Objective #1 -2 – SMART Goal, coinciding with classroom lesson plan, A plan/objective for the parents to do during the week to support learning/behavior objective, information shared on various topics, materials left in the home, parent comments, safety, home visit number will be noted and indicative of the number of home visits that a specific family has received to date, Lead Transition Interventionist and Assistant Transition Interventionist will assist families in reviewing and commenting on the lesson plan.
- Time in and time out of the home visit must be documented accurately.
- Parents will complete the parent comment section and sign the plan.
- Transition Interventionist Staff will also sign the plan.
- Lesson planning will be individualized based on observations during home visits and classroom transition visits, goals set with parents/guardians and Information based on any documented disability/IFSP/IEP in place.
- **See Form: Transition Intervention Lesson Plan Form.**

iii. TRANSITION INTERVENTION LESSON PLAN APPROVAL

Lesson Plans and color pictures of the planned use of materials will be provided to the Mental Health Specialist one week prior to the scheduled home visit on Fridays for prior review and approval.

iv. TRANSITION INTERVENTION AND CLASSROOM LESSON PLAN ALIGNMENT

Transition Intervention and classroom lesson plans will coincide with the classroom in which the child was original placed, based on teaming with the teaching staff. An email will be sent by the Transition Interventionists weekly to obtain a copy of the classroom's lesson plans to ensure lesson plan alignment.

v. CLASSROOM TRANSITION VISITS

Any child who is participating in a placement modification plus the Transition Intervention, or supported by Transition Intervention staff will experience classroom transition visits, in which the Transition Interventionist Staff will provide support to the child in their original classroom for a designated period of time. Planning of the Classroom Transition Visits will be determined by the team. The parent/guardian must be within near proximity of the classroom if additional support is needed. A Transition Interventionist must be available to provide support to the child during their classroom transition visit. **See Form: Transition Intervention Classroom Visit Note.**

vi. TRANSITION INTERVENTION HOME VISIT NOTE

The Transition Interventionists will complete documentation of the home visit on the Transition Intervention Home Visit Note. This documentation will be submitted on Fridays within the same week of the home visit. **See Form: Transition Intervention Home Visit Note.**

vii. TRANSITION INTERVENTION GUIDELINES

The Transition Intervention Guidelines Form will be reviewed with the family by the Lead and Assistant Transition Interventionists at the initial home visit. Parental/Guardian consent is required to participate in the Transition Intervention. **See Form: Transition Intervention Guidelines Form.**

viii. COMMUNICATION WITH FAMILIES PARTICIPATING IN THE TRANSITION INTERVENTION

Telephonic communication including the Mental Health Specialist will occur between Transition Interventionist Staff, and the family.

ix. MISSED TRANSITION INTERVENTION VISITS

Documentation of a missed/cancelled/no-show Transition Intervention Home Visit will be completed via email, updated on the electronic calendar, and provided to the Mental Health Specialist.

x. TRANSITION INTERVENTION CLOSURE

At the conclusion of the Transition Intervention, the Transition Intervention Closure Form will be reviewed with the family by the Lead and Assistant Transition Interventionists at the final home visit. **See Form: Transition Intervention Closure Form.**

xi. TRANSITION INTERVENTION DOCUMENTATION

Transition Intervention documentation will be placed in two locations – electronically in the ChildPlus data management system, and a paper copy placed in the Mental Health section of the child's file. The Transition Interventionist Staff will rotate writing and submission of the Transition Intervention Home Visit Notes.

Transition Intervention documentation will be filed by type with the most recent documentation for that type located in front by following the order on the Health File Information Sheet.

xiii. SUPERVISION AND MONITORING OF THE TRANSITION INTERVENTION

Supervision and monitoring of the Transition Intervention is completed by the Mental Health Specialist by supervision meetings, data and documentation reviews, teacher communication, contact with families, and/or unscheduled/scheduled attendance in home visits.

III. MENTAL HEALTH DOCUMENTATION

A. MENTAL HEALTH FORMS

- Mental Health Support Referral Packet (paper copy – 5-pages)
- Mental Health Observation/FBA Form
- Mental Health Support Plan
- Mental Health Support Tiers of Service
- Mental Health DAP Note
- Mental Health Support Session Contact Note
- Mental Health Support Discharge Summary Form

- Classroom Social-Emotional Observation Form
- Classroom Trauma Assessment Form
- Classroom Activity/Lesson Request Form
- Classroom Safety Assessment Observation Request Form
- Transition Interventionist Classroom Visit Note
- Family Team Meeting Summary
- Placement Modification Approval Form
- Mental Health Daily Behavior Chart
- Transition Intervention Lesson Plan Procedure
- Transition Intervention Lesson Plan
- Transition Intervention Classroom Visit Note
- Transition Intervention Home Visit Note
- Transition Intervention Guidelines Form
- Transition Intervention Closure Form

B. FILES

Mental Health Documentation will be placed in the child's file in accordance with the Physical Health Information Sheet. File review of Mental Health Documentation may occur at anytime by the Mental Health Specialist. File approval is completed by the Mental Health Specialist at the end of the school year.

V. APPENDIX

a. MENTAL HEALTH RESOURCE BANK

The Mental Health Resource Bank is located electronically on Microsoft Teams for staff to access resources/information to stay informed about topics relative to children's mental health and concerns/issues the preschool population experiences.

b. PRESCHOOL MENTAL HEALTH JOURNAL ARTICLES DATABASE

The Preschool Mental Health Journal Articles Database is located electronically on Microsoft Teams for staff to access evidence-based peer-reviewed journal articles assessing a research sample of children enrolled in the nationwide HeadStart program.

c. SOCIAL-EMOTIONAL SKILL BUILDING ACTIVITY DATABASE

The Social-Emotional Skill Building Activity Database is located electronically on Microsoft Teams for staff to access.

Eastern Panhandle
Instructional Cooperative

EPIC

Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

MENTAL HEALTH SUPPORT REFERRAL PACKET

2026 - 2027

MENTAL HEALTH SUPPORT REFERRAL INFORMATION FORM

Client Name (DOB):_____ Site: _____ Date: _____

If child, name of parent/guardian_____

Lead Ed Staff: _____Assistant Teacher: _____Family Advocate: _____

Is the child going to Kindergarten Next Year? □ Yes □ No If Yes, What School: _____

IEP: □ No □ Yes If yes, What type?_____ □ IEP Referral in Progress

DLL: Is more than one language spoken in the home? □ Yes, specify language(s):_____ □ No

Address:_____

Phone Number(s):_____

Email address (Required): _____

Referral Source (Select one):
□ Parent/Guardian Request
□ Parent/Guardian + Teacher Request
□ Parent/Guardian + Home Visitor/Family Advocate Request

REFERRAL QUESTIONS

SECTION ONE: QUESTIONS 1-6 TO BE COMPLETED BY STAFF:

1. Primary reason for referral (Staff)_____

2. Select which, if any, behaviors are observed in the classroom (check all that apply; Staff):
   □ Running in the classroom □ Hitting □ Kicking □ Screaming □ Biting □ Spitting □ Emotional outbursts □ Difficulty staying seated □ Rolling on floor □ Refusal to participate □ Throwing toys/objects □ Choking*** □ Leaving the early education environment*** □N/A
   □ Other(s)_____

3. Are there specific activities when challenging behavior is more likely to occur (Staff)?
   □ Breakfast □ Large Group □ Small Group □ Choice Time □Transitions
   □ Lunch □ Rest time □ Outdoor play □ Bus □ N/A
   □ Other(s):_____

4. What centers / items / activities does the child engage with in the classroom (Staff)?
   _____
   _____

5. Additional notes/information (Staff):
   _____
   _____

6. Please describe what would support you (Staff):
   _____
   _____

SECTION TWO: QUESTIONS 7-11 TO BE COMPLETED WITH THE PARENT/GUARDIAN:

7. Do you observe the same/different challenging behaviors that are occurring in the classroom also at home? (Parent/Guardian)

_____

_____

8. What does your child like to do at home? (Parent/Guardian)

_____

_____

9. What are your child's strengths? (Parent/Guardian)

_____

_____

10. Additional notes/information (Parent/Guardian)

_____

_____

11. Please describe what would support you (Parent/Guardian):

_____

_____

REQUIRED ATTACHMENTS:

□ Classroom schedule

□ Brigance

Eastern Panhandle
Instructional Cooperative

EPIC

Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

PERMISSION TO OBSERVE / WORK WITH CHILD

I, _____(Parent/Guardian Printed Name), give permission for the Mental Health Specialist/Consultant to □observe □work with my child,_____ (Child's Printed Name), during the EPIC Early Head Start/Head Start/Pre-K centers /socializations/home visits. I understand that all sessions / information obtained will remain confidential.

_____

Parent / Guardian Signature Date

PERMISSION TO COLLECT/USE/ANALYZE DATA

I, _____(Parent/Guardian Printed Name), consent to grant EPIC HS/PreK the authority to collect, use, process, analyze, and/or present/publish my personal de-identified data for specific presentation, publication, training, or quality assurance purposes.

_____

Parent / Guardian Signature Date

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

INFORMED CONSENT

You have agreed to receive mental health services with Mental Health Specialist, employed by the Early Head Start / Head Start / Pre-K program. This document will inform you about the mental health process, rules, how we can work together and what your responsibilities will be as a client / parent. Please read this form and prior to signing, ask any questions that you may have.

The mental health process is facilitated to assist you in resolving problems which may be troublesome to you and/or your child. You, the program staff and the Mental Health Specialist/Consultant will work together to identify behaviors that cause problems and discuss alternative behaviors which may help to have a better outcome.

The Mental Health Specialist/Consultant-Client relationship is a unique one. Under West Virginia Law, I am mandated to protect our Mental Health Specialist/Consultant-Client relationship. That is, without your express written permission or by order of a court, the EHS/ HS/ Pre-K program and myself are forbidden to disclose any information about our sessions or about you except in the following instances: 1) that I suspect that you / your child may do harm to yourself or to others; 2) that you / your child tell me of or I suspect any abuse, neglect or molestation to a child, elderly person, or disabled person; 3) I or your records are ordered by a court of law; 4) you waive your right to confidentiality in writing. Confidentiality will be respected in all cases, except as noted, and in those additional cases where, in the Mental Health Specialist's clinical judgment, the maintenance of confidentiality may be destructive to the client. In these cases, the Mental Health Specialist/Consultant will inform you of their judgment and you will have the final decision as to whether confidentiality is maintained.

You will participate in the development of you / your child's treatment plan and together, with the EHS / HS / Pre-K program, we will review it regularly.

Child's Printed Name _____ Date _____

Client / Parent / Guardian Printed Name _____ Date _____

Client / Parent / Guardian Signature _____ Date _____

Mental Health Signature _____ Date _____

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

OBSERVATION/FUNCTIONAL BEHAVIOR ASSESSMENT FORM
2026 – 2027

Child's Name (DOB):_____ Site:_____

Date:_____ Time:_____ Lead Teacher: _____

Activity(ies): _____

Describe challenging behavior(s):

_____

What Happened Before?

☐ Asked to do something ☐ Playing alone ☐ Changed/ended activity ☐ Transitional Time
☐ Removed an object ☐ Attention given to others ☐ Object out of reach ☐ Not a preferred activity
☐ Told "No", "Don't", "Stop" ☐ Child requested something ☐ Moved activity location to another
☐ Other:_____

What Happened After?

☐ Given social attention ☐ Ignored by classmates ☐ Redirected ☐ Given assistance/help
☐ Given an object/activity ☐ Other:_____

Purpose of Behavior

To Get or Obtain:
☐ Activity ☐ Attention ☐ Demand/Request
☐ Object ☐ Person ☐ Place ☐ Other:___

To Get Out Of, Avoid, or Delay:
☐ Activity ☐ Attention ☐ Demand/Request
☐ Object ☐ Person ☐ Place ☐ Other:___

Replacement Behavior

☐ PBIS Solutions Kit ☐ Safe Place ☐ Use breathing exercises ☐ One to one guidance ☐ Use choices ☐ Use Kind Words ☐ Use Walking Feet ☐ Use Gentle Hands

Was **physical harm** caused (or could) by the child's behavior during this observation? ☐ Yes ☐ No

Recommendation Notes:_____

Summary Notes:_____

Mental Health Specialist Signature:_____ **Date:**_____

Observations

Time	Activity	Observations

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

DAP Note
2026 - 2027

Name (DOB):_____ **Site:** _____ **Date:**_____

Lead Teacher: _____ **Family Advocate:** _____

Services: ☐ Individual Child/Adult ☐ Parent/Guardian ☐ Group
Location: ☐ Home ☐ Classroom ☐ Other:
Tier: ☐ N/A ☐ II ☐ III

Session Goal: ☐ Observation/FBA ☐ Engagement/Rapport ☐ Skill Building ☐ Support ☐ Closure

Description:
Child Greeting Level: ☐ Positive ☐Negative
Child Separation Classroom Activities ☐Positive ☐ Independent ☐ Staff Supported ☐Refused ☐N/A
Child Engagement Level: ☐High ☐Low
Child Social-Emotional Skill Building Activities: ☐Classroom Safety ☐Coping Skills ☐Delayed Gratification ☐Empathy Building ☐Joining Others ☐Introduction ☐Problem Solving ☐Self-Esteem/Confidence Building ☐ Self-Regulation ☐Observation/FBA ☐Set Up/Clean Up ☐Sharing ☐Support (Individual/Classroom) ☐Turn-Taking ☐Transitions ☐ Collaboration ☐Other(s): _____

Assessment:
Child Affect: ☐ Bright ☐ Flat ☐ Negative ☐ Positive
Child's Eye Contact: ☐ Direct ☐ Indirect
Child Posture: ☐ Open ☐ Willing ☐ Engaged ☐ Guarded
Child's Adjustment to Classroom: ☐ Emerging ☐ Adjusted ☐ Difficulty
Child Social-Emotional Skill Level: ☐ Increasing ☐ No Change ☐ Decreasing

Recommendations/Plan: ☐ Parent/Guardian Contact ☐ Family Team Meeting ☐ Implement Tiered Services ☐ Continue Tiered Services ☐ Closure ☐ Refer Out

Notes:_____

Mental Health Specialist Signature: _____ **Date:**_____

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

Mental Health Support Plan
2026 - 2027

Client Name (DOB): _____ **Site:** _____ **Date:** _____

If child, name of parent/guardian: _____

Lead Teacher: _____ **Assistant Teacher:** _____

Family Advocate: _____

1.) _____

Child will: (do this, when):
_____will meet with Erin Impellizzeri, LICSW on the Tier II/III level for classroom-based individual/group services.

Parent/Guardian will: (do this, when):
_____ will practice PBIS Framework, comply with Head Start program rules, and will work on _____at home.

Staff will:(do this, when)
Head Start staff will communicate with _____ regularly regarding _____needs and presenting concerns.

Therapist will:(do this, when)
Mental Health Specialist will complete sessions with _____ and communicate with _____ on a Tier II/III level.

2.) _____

Child will: (do this, when):
_____ will meet with Mental Health Specialist on the Tier II/III level for classroom-based individual/group services.

Parent/Guardian will: (do this, when):
_____ will practice PBIS Framework, comply with Head Start program rules, and will work on _____.

Staff will:(do this, when)
Head Start staff will communicate with _____ regularly regarding _____ needs and presenting concerns.

Therapist will:(do this, when)
Mental Health Specialist will complete sessions with _____ and communicate with _____on a Tier II/ III level.

_____

_____ _____
Parent/Guardian Printed Name **Date**

_____ _____
Parent/Guardian Signature **Date**

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

MENTAL HEALTH SERVICES DISCHARGE SUMMARY
2026-2027

Name (DOB): _____ **Site:** _____ **Date:** _____

Other participants (name and relationship):

_____

_____

Lead Teacher: _____ **Assistant Teacher:** _____

Family Advocate: _____

Reason(s) for Discharge: ☐ Service Conclusion ☐ No Observable Symptom(s)/Impairment
☐ End of Year ☐ Program Drop/Withdrawal

Tier: ☐ N/A ☐ II ☐ III **PM:** ☐ Yes ☐ No

Symptom/Impairment Still present: ☐ Challenging Classroom Behaviors ☐ Safety Concerns ☐ Peer-Relational Difficulties ☐ Social-Emotional Skill Difficulties ☐ Opposition ☐ Withdrawal ☐ Refusal ☐ Behavioral Inhibition ☐ None Observed

Goal Progress/Improvement: ☐ Increased Engagement/Rapport ☐ Increased Peer-Relational Skills ☐ Increased Reciprocity ☐ Increased Social-Emotional Skills ☐ Increased Staff-Child Relationships ☐Increased Verbalizations ☐ Emotional Intelligence ☐ Increased Structure ☐ Increased Peer Relationships ☐ Increased Positive Affect ☐ Increased Transitional Skills ☐ Increased Executive Functioning Skills ☐ Increased Self-Esteem/Confidence ☐ Increased Classroom Engagement/Participation ☐ Increased Responsiveness to Modeling/Feedback ☐ Increased Attendance ☐ None Observed Others: _____

Recommendations for Additional Services:
☐ Referred ☐ Community Mental Health Services ☐ None applicable
☐ Others: _____

Mental Health Specialist Signature_____ **Date** _____

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

CLASSROOM SOCIAL-EMOTIONAL ASSESSMENT
2026 - 2027

Site _____ **Date** _____ **Time Range** (hour:minute to hour:minute): _____

Activities Observed: _____

Lead Teacher: _____ **Assistant Teacher**: _____

Staff Person Completing Assessment: _____

	Observed			Feedback
RELATIONSHIP BUILDING	Yes	No	N/A	
Greets children by name on arrival, and throughout the day.				
Participates in play when appropriate, etc.				
Communication (verbal/body language) is clear, supportive, delivered in developmentally appropriate manner (demonstrates active listening with children, communicates at child's eye level, not raised voice yelling across room).				
Classroom staff are responsive to individual children and the group as a whole.				
Classroom staff are commenting/describing prosocial behavior.				

Children and Staff engaged in classroom scheduled activities.				
ACTIVE SUPERVISION				
Aware of situations that require adult guidance and respond in a timely manner.				
Engages in active, ongoing supervision of children throughout activities (e.g. playground, choice-time, classroom).				
Establish and enforce clear rules, practice these expectations, and frequently reinforce appropriate behavior.				
TRANSITIONS				
Transitions from one activity to the next are smooth and appropriate prompts are provided if necessary.				
Children do not wait idle between activities or for a turn.				
Children display knowledge of schedule/routine.				
Large groups do not exceed 15 minutes (all children must be engaged). If not, staff adapt and adjust accordingly.				
Individualized support provided to children with transitions if applicable.				
Utilization of the Mighty Minutes to assist children with transitions and classroom active engagement.				
BEHAVIOR MANAGEMENT				
Staff demonstrate an understanding that challenging behaviors are conveying some type of message.				
Equal acceptance of all children observed.				
Implementation of strategies for dealing with disruptive/unsafe/trauma-responsive behaviors.				
Utilization of the PBIS solution kit.				
Observable implementation of PBIS strategies.				
VISUALS				
There is evidence of a clear schedule/routine for children at children's eye level with pictures.				
Classroom Job Chart visible with pictures and being utilized.				
Classroom Rules visible at children's eye level with pictures.				
Family pictures visible at children's eye level for all children.				

All children have names displayed in multiple locations.				
All children's art work displayed throughout classroom.				
Safe Spot contains comfortable seating and multiple regulation tools in an open, well-visible location.				
CLASSROOM CLIMATE				
The classroom climate is positive, warm, and responsive.				
Children appear happy and emotional needs are met.				
Children's interactions are respectful to one another, verbally and non-verbally.				
Staff interactions with Parents/Guardians are respectful, appropriate, and positive.				
Staff interactions with one another are respectful, appropriate, and positive.				
COMMUNITY				
The classroom displays a sense of community.				
Staff create opportunities with and for the children for decision making, problem solving, and working together.				
The children assist with family style dining.				
Children display a sense of classroom belonging.				

Notes:_____

☐ Recommend to Education Coach

Eastern Panhandle Instructional Cooperative

EPIC

Serving the educational needs of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

CLASSROOM TRAUMA ASSESSMENT

2026 - 2027

Instructions: Complete the form for all children in the classroom.

Child's Initials	History of Trauma?	Description Trauma(s)	Removed from Parents?	Loss of Parent/Caregiver? List cause, if known.	History of Parent/Caregiver Incarceration? List reason, if known.
Example. AB	Yes	Physical abuse	Yes	No	Yes, mother, possession of CDS.

7/2026 – Completed by Ed Staff with FA

Eastern Panhandle Instructional Cooperative

EPIC

Serving the educational needs of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

CLASSROOM ACTIVITY/LESSON REQUEST FORM
2026 - 2027

Date of Request: _____ County: ☐ Jefferson ☐ Berkeley ☐ Morgan Site: _____

Lead Teacher: _____

1. Primary Reason(s) for Classroom Activity/Lesson Request:

_____

2. What Are You Seeing Multiple Children in the Classroom Having Difficulty With?

_____

3. What Topics Would be Helpful for the Majority of the Children in the Classroom?

☐ Identifying Feelings ☐ Labeling Feelings ☐ Understanding Feelings ☐ Using Our Words ☐ Sharing ☐ Taking Turns ☐ Problem Solving ☐ Mindfulness ☐ Relaxation ☐ Team Work ☐ Taking Care of Our Things ☐ Empathy ☐ Community ☐ Confidence ☐ Looking Ahead ☐ Forming Friendships ☐ Saying Goodbye ☐ Classroom Safety ☐ Delayed Gratification ☐ Other(s):

_____

4. What Date Would You Like the Activity/Lesson to Start? _____

5. What is the Best Time/Activity during the School Day for this Activity/Lesson to Occur? _____

6. Notes/Comments:

_____
_____
_____
_____
_____
_____

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

CLASSROOM SAFETY ASSESSMENT OBSERVATION REQUEST FORM
2026 - 2027

Lead Teacher: _____

Site: _____ Date: _____

1. Primary Reason(s) for Classroom Safety Assessment Observation Request:
   _____

Classroom Behavior Safety Checklist		
Indicate what behaviors you observe in the classroom with a checkmark:	Yes	No
Leaving the early education environment		
Choking others		
Injurious hitting		
Injurious scratching		
Injurious punching		
Injurious kicking		
Injurious biting		
Running around the classroom repeatedly without stopping		
Pushing children to the ground		
Climbing/jumping playground fences		
Unsafe playground behavior to self or others		
Refusal to transition (inside to outside/outside to inside; or off the bus)		
Climbing, standing, jumping onto classroom furniture		
Crawling under or inside classroom furniture and refusing to remove self		
Violent statements, threats, gestures		
Violent, threatening, or intimidating staff or peers		
Physically aggressive emotional outbursts		
Destroying the classroom		
Throwing objects/toys at others' and causing harm		
Others, not mentioned above:		

2. Requested Time of Day/Activity for Completion: _____

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

SEVERE BEHAVIOR INTERVENTION POLICY AND PROCEDURES
2026 - 2027

EPIC Head Start will limit suspension and expulsion in accordance to *Head Start Performance Standard § 1302.17 Suspension and expulsion, and § 1302.45 Child Mental health and social and emotional well-being.*

Staff will work with their Manager, Child Development Specialist, Mental Health Specialist, and the Parent/Guardian to provided reasonable modifications to reduce or eliminate serious safety concerns in the classroom, using research-based early childhood best practices.

In extraordinary circumstances, when a child's behavior creates a serious safety concern to him/herself, others, and/or seriously disrupts the classroom environment after more than one occurrence will be implemented upon approval of the Mental Health Specialist and/or Child Development Specialist.

Serious safety concerns are defined as more than one occurrence of the following:

- Violence or aggression toward persons or property with behavior sufficient to put themselves or others in danger of immediate harm.
- Threats to inflict harm to others verbally or with gestures or specifically targeting individuals. See Threat Policy.
- Possession of or use of any object for a weapon with the intent to do harm to persons or property.
- Seriously disrupts the teaching / learning process for self and others.
- Repeated refusal to respond to basic directions regarding safety.

Procedure:

1. Teaching Staff will immediately report serious safety concerns to their Manager.
2. The Manager will determine which steps need to be taken to allow the classroom to return to a normal and safe environment and report the incident to the Mental Health Specialist and Child Development Specialist.
3. If severe and extreme health and safety behaviors are being observed in the classroom, and unable to be de-escalated, the Mental Health Specialist must be contacted.
4. At the end of the school day, Teaching Staff will meet with their Manager to document details of the incident and discuss researched-based behavioral strategies to utilize moving forward. Documentation will be filed in the Mental Health section of the file.
5. A Family Team Meeting, including members of the child's education/support team, including Teaching Staff, Manager, Child Development Specialist, Mental Health Specialist, and the parent/guardian will be scheduled to develop a plan for the child.
6. The plan will be documented on the *Family Team Meeting Form* and may include:
    a. Classroom observations
    b. Implementation of a PBIS BIP
    c. Parental classroom visits to assist in facilitating positive behavior guidance
    d. External referrals for evaluation utilizing community resources such as Child or Behavior Modification Therapist, Local Education Agency, Health professional and other appropriate specialists or resources as needed.
    e. Additional staff and parent guidance in positive behavior practices.

f. Placement Modification may include any of the following and must be approved by the Mental Health and Child Development Specialist and is implemented on a case-by-case basis:
    - Change in Classroom Assignment
    - Modified (shortened) schedule, with a plan to gradually increase the schedule pending observable positive behavior.
    - Temporary Alternative Learning Environment
    - Referral to Local Education Agency

7. Family Team Meetings will occur to review progress, regularly, as needed, which include the parent/guardian, Teaching Staff, Manager, and Mental Health Specialist. Additional members may attend Family Team Meetings, as requested by the parent/guardian, with 24 hours notice to the Mental Health Specialist and signed Release of Information, due to the confidential information discussed. Further changes or recommendations to an existing schedule may be made. Parent/Guardian communication preferences will be obtained at this meeting. Prior to a schedule increase, an additional Mental Health Observation will be completed.
8. The Mental Health Specialist will continue to provide services and parent communication based on the tier service level requirements.

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

PLACEMENT MODIFICATION APPROVAL FORM
2026 - 2027

Child's Name (DOB):_____ **Site:** _____ **Date:** _____

Parent/Guardian Name: _____

Lead Teacher: _____ **Assistant Teacher:** _____

Manager : _____ **Family Advocate:** _____

Please select and describe in detail which of the following have occurred:

☐ Mental Health Referral:
☐ Mental Health Observation-Functional Behavior Assessment:
☐ Behavior Documentation:
☐ Family Team Meeting:
☐ Recommendations Provided by Manager/Mental Health Specialist/Child Development Specialist/Coach (Circle)
☐ Follow Through Provided by Manager/Mental Health Specialist/Child Development Specialist/Coach (Circle):

Please select details of the plan:

☐ Modified Schedule:
☐ Transition Intervention:
☐ Referral to Local Education Agency:

Approved By:

_____ _____
Parent/Guardian Printed Name — Date

_____ _____
Parent/Guardian Signature — Date

_____ _____
Mental Health Specialist Signature
Erin Impellizzeri, LICSW — Date

_____ _____
Child Development Specialist Signature
Brooke Gamble, M. Ed. — Date

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

FAMILY TEAM MEETING SUMMARY
2026 - 2027

Child's Name (DOB): _____Site: _____Date: _____

Attendees (location, relationship to child) and Child/Family Strengths:

Name	Location	Relationship	Strengths

Reason for Meeting:

Family History:

Prior Behavioral/Mental Health Intervention: ☐ Prior involvement ☐ None

Prior Educational Placement History: ☐ Prior placement ☐ None

Medical History/ Physical Development: ☐ Remarkable ☐ Typical ☐ Atypical

Social-Emotional Development:

A. Self Help Skills: See file.
B. Peer Interaction: ☐ Emerging ☐ Strained ☐ Positive
C. Response to Adults: ☐ Emerging ☐ Strained ☐ Positive
D. Behavioral Concerns: ☐ Challenging ☐ Safety Concerns

Summary:

Plan:

Recommendations:

Communication Plan:

Date of Next Meeting:

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401

304.267.3595 • Fax: 304.267-3599

MENTAL HEALTH DAILY BEHAVIOR CHART

2026 – 2027

CHILD'S NAME: _____ **SITE:** _____ **STAFF PERSON COMPLETING FORM:** _____ **DATE:** _____

Intensity Rating Scale: 1 – Mild (disruptive, non-dangerous) 2- Moderate (verbal/physical, threats to a person, and/or destructive to physical environment) 3 – severe (physically dangerous, injurious to a person)

Classroom Activity	*Incident*	*Frequency*	*Intensity Rating*	*Comments*	*Attempted Strategies (Effective/Ineffective)*
Arrival					
Breakfast					
Large Group					
Choice Time					

Outside					
Choice Time					
Rest Time					
Outdoor Experience					
Dismissal					
Positives Observed (at least 3)					

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

TRANSITION INTERVENTION GUIDELINES
2026 - 2027

Child's Name (DOB): _____ **Site:** _____ **Date:** _____

Lead Teacher: _____

EPIC HS/Pre-K provides early childhood education to enrolled children and families. Intensive transition intervention services are offered and provided to specific children and families experiencing a range of behavioral concerns and needs.

Consistent with the Head Start model of parents are children's first, best, and longest teachers, the EPIC HS/Pre-K transition intervention is most effective and reliant upon the involvement of the child's designated parent/guardian in visits.

☐ I AGREE to participate in the home-based intervention, and I am aware of the following guidelines:
- ☐ I understand the transition intervention entails parent-involvement, engagement, participation, and attention in the mutually-agreed upon activities.
- ☐ I understand home visits occur weekly for 60 - 90-minutes.
- ☐ I understand a minimum of two home visits will be completed per month.
- ☐ I understand the purpose of the home visits are for skill building and engagement.
- ☐ I understand the goal is increasing time in the classroom to improve school readiness.
- ☐ I understand home-visits will cease upon successful transition to the classroom, or as determined by the team.
- ☐ I understand lesson plans will be individualized and align with the classroom curriculum.
- ☐ I understand I must be within proximity of the classroom for my child's classroom transition visits.
- ☐ I understand communication is important to this process.
- ☐ I understand home visits can be rescheduled pending staff availability.
- ☐ I understand sensory-based materials may be brought to my home-visit pending my approval, including but not limited to age-appropriate toys, sand, paint, play doh, etc.
- ☐ I understand if I am unavailable for a scheduled home-visit, an additional caregiver can participate in the home-visit as authorized by the program.
- ☐ I understand that I can withdraw from the home-based intervention at any time.
- ☐ I understand that if I decide to withdraw from the home-based intervention, I can possibly rejoin depending on interventionist availability.

☐ I DECLINE home-based intervention services at this time.
- ☐ You may contact me in the future about the home-based intervention service.
- ☐ I am not interested in receiving any communication in the future about the home-based intervention service.

Parent/Guardian Printed Name _____ Date ___

Parent/Guardian Signature _____ Date ____

Transition Interventionist Signature _____ Date _____

Mental Health Specialist Signature _____ Date ____

Eastern Panhandle Instructional Cooperative
EPIC
Serving the educational needs of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

2026 - 2027

EPIC HS/PreK TRANSITION INTERVENTION LESSON PLAN

Date:	Transition Classroom visit plans:
Home Visit #:	
Child's Name:	
Parent's Name:	
Lead Transition Interventionist:	
Assistant Transition Interventionist:	
Previous Lesson Reviewed: ☐	
Independent Activity:	
IFSP/IEP Parent Education (if applicable):	Interventionist Read ☐ Parent Read ☐
School Readiness Goal: Approaches to Learning ☐ Social and Emotional Development ☐ Language and Literacy ☐ Perceptual, Motor and Physical Development ☐ Cognition ☐	School Readiness Goal: Approaches to Learning ☐ Social and Emotional Development ☐ Language and Literacy ☐ Perceptual, Motor and Physical Development ☐ Cognition ☐
Weekly activities to support school readiness goal:	Parent Comments: What did your child work on today? What skill would you like to see him / her working on next week?
Weekly Family Support Activities: (to include PBIS)	
Home Materials Used: _____	Materials/ Book(s) left in home:
Parent Signature:	
Lead Transition Interventionist Signature:	

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

TRANSITION INTERVENTIONIST CLASSROOM VISIT NOTE
2026 - 2027

Child's Name (DOB):_____ **Site:** _____ **Date:**_____

Lead Teacher: _____

Visit Goal:_____

Description of Observations and Interactions:

Transition Interventionist Signature_____ **Date**_____

Eastern Panhandle Instructional Cooperative

EPIC

Serving the educational needs of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

TRANSITION INTERVENTIONIST HOME VISIT NOTE
2026 - 2027

Child's Name (DOB):_____ **Site:** _____ **Date:**_____

Attendees:_____

Location: _____

Placement Modification: ☐ Yes ☐ No

Lead Teacher: _____

Visit Goal:_____

Description of Observations and Interactions:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Plans for Next Home Visit and Classroom Re-Integration:

_____
_____
_____
_____

Transition Interventionist Signature: _____ **Date:**_____

EPIC

150 South College Street • Martinsburg, WV 25401
304.267.5995 • Fax 304.267.5999

Mental Health Missed Visit Note

2026 - 2027

Child's Name (DOB):_____Site: _____ Date: _____

Visit could not occur due to the following (check all that apply):

☐ Child ill

☐ Child asleep

☐ Child absent

☐ Mental Health Specialist absent/schedule

☐ Other: N/A

Notes:

Staff Signature:

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267-3599

TRANSITION INTERVENTION CLOSURE
2026 - 2027

Child's Name (DOB): _____ **Site:** _____ **Date:** _____

Lead Teacher: _____

Thank you for participating in the EPIC HS/Pre-K Transition Intervention!

The home-based transition intervention is closing for the following reasons:

- ☐ Child has transitioned successfully to the classroom
- ☐ Parent/Guardian withdrawal
- ☐ End of school year

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Transition Interventionist Signature _____ Date _____

Mental Health Specialist Signature _____ Date _____