**Integration Plan**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_ IEP in place: Y or N Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

KEY: T= Teacher TA= Teacher Assistant FSW=Family Service Worker

 EC= Educ./Pre-K Collab. Coord. NC= Nutrition Coord. HC= Health Coord.

 DM= Dis./Mental Health Coord SS= Social Service Coord MH= Mental Health Professional

 PI= Parent Involvement Coord. TC= Transportation Coord.

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| **Social Service** | **Nutrition** |
| **Disabilities/ Mental Health** | **Education** |
| **Health** | **Communication****Parent:****Staff:****Coordinator:** |
| **Notes:** |
| **Attached Documentation:** |

 7/09