**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