**UPSHUR HUMAN RESOURCES, INC.**

**UPSHUR COUNTY HEAD START**

**8 CLEVELAND AVENUE**

**BUCKHANNON, WV 26201**

**(304) 472-2014**

IN-HOUSE FOLLOW UP FORM

DATE:

PARENT OR CHILD'S NAME:

CLASS: BUA

REASON FOR REFERRAL: Low dials

The two week period of intensive work with will end. If
shows that he is picking up skills nicely, we will continue to watch his progression. If he cannot pick up the skills the teacher is working intensely on, we will seek parent permission to refer him for evaluation by the LEA.

FOLLOW-UP BY: *Kay Bailey, Disabilities/Mental Health Manager*

YOU ARE REQUIRED TO DO THE FOLLOWING STEPS:

 \* FORWARD A COPY OF THE COMPLETED OR ON-GOING REFERRAL AND THE FOLLOW-UP FORM TO THE PERSON WHO ORIGINALLY SIGNED THE REFERRAL FORM

 \* FORWARD THE (ORIGINAL) COMPLETED REFERRAL AND FOLLOW-UP TO THE SOCIAL SERVICES MANAGER