

Doña Ana County Head Start
Child/ Family Staffing Form

Date _____

Child Name	Center	Issues or Concerns	Content Area Presented and Content Area Affected
			<input type="checkbox"/> Dis <input type="checkbox"/> Edu <input type="checkbox"/> Fam <input type="checkbox"/> H/N <input type="checkbox"/> MH
			<input type="checkbox"/> Dis <input type="checkbox"/> Edu <input type="checkbox"/> Fam <input type="checkbox"/> H/N <input type="checkbox"/> MH
			<input type="checkbox"/> Dis <input type="checkbox"/> Edu <input type="checkbox"/> Fam <input type="checkbox"/> H/N <input type="checkbox"/> MH
			<input type="checkbox"/> Dis <input type="checkbox"/> Edu <input type="checkbox"/> Fam <input type="checkbox"/> H/N <input type="checkbox"/> MH
			<input type="checkbox"/> Dis <input type="checkbox"/> Edu <input type="checkbox"/> Fam <input type="checkbox"/> H/N <input type="checkbox"/> MH
			<input type="checkbox"/> Dis <input type="checkbox"/> Edu <input type="checkbox"/> Fam <input type="checkbox"/> H/N <input type="checkbox"/> MH
			<input type="checkbox"/> Dis <input type="checkbox"/> Edu <input type="checkbox"/> Fam <input type="checkbox"/> H/N <input type="checkbox"/> MH
			<input type="checkbox"/> Dis <input type="checkbox"/> Edu <input type="checkbox"/> Fam <input type="checkbox"/> H/N <input type="checkbox"/> MH

Please indicate with a checkmark in the box for the content area who presented child and circle the content area box for those that are affected.

Signatures of Attendees:
