

Doña Ana County Head Start  
Child/ Family Staffing Form

Date \_\_\_\_\_

Child Name	Center	Issues or Concerns	Content Area Presented and Content Area Affected		
			Dis H/N	Edu MH	Fam
			Dis H/N	Edu MH	Fam
			Dis H/N	Edu MH	Fam
			Dis H/N	Edu MH	Fam
			Dis H/N	Edu MH	Fam
			Dis H/N	Edu MH	Fam
			Dis H/N	Edu MH	Fam
			Dis H/N	Edu MH	Fam

Please indicate with an "X" in the box for the content area who presented child and circle the content area box for those that are affected.

Signatures of Attendees:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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