



## Universal Action Plan

Teacher(s): \_\_\_\_\_

Date: \_\_\_\_\_

Class  
Color—Green

Strategy	What	Who	When

Use this optional form during **Steps 4** and **5** to plan and implement strategies related to a **program element**.

64

©The Devereux Foundation, 1999. Permission to reproduce in sufficient quantities to meet program needs is granted to purchasers of the Devereux Early Childhood Assessment Program.

**Consultation Staffing Paperwork**

Child's Name \_\_\_\_\_  
Child's birth date \_\_\_\_\_  
Family Name/ Guardian \_\_\_\_\_  
Date \_\_\_\_\_

**MINIMUM REQUIREMENT:**

- \_\_\_\_\_ Parent Permission Received-required
- \_\_\_\_\_ DECA Profile-required
- \_\_\_\_\_ DECA Parent/ teacher questionnaire
- \_\_\_\_\_ Reflective Checklist

**EXPECTED:**

- \_\_\_\_\_ Universal Action Plan
- \_\_\_\_\_ Health History and pertinent Health Information
- \_\_\_\_\_ Action Plan Meeting Notes-if applicable
- \_\_\_\_\_ Anecdotal Notes
- \_\_\_\_\_ Family Information
- \_\_\_\_\_ IEP (If applicable)
- \_\_\_\_\_ Additional information from other agencies if applicable and authorized by the parent.

TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

