DYCF ECEAP prior written approval is required before implementing any alternative attendance plan.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Complete form and email to [eceap@dcyf.wa.gov](mailto:eceap@dcyf.wa.gov) | | | | | |
| Date: | | | | | |
| Proposed start date of request: | | Duration for request: | | | |
| Contractor Name: | | Subcontractor Name, if applicable: | | | |
| Site Name, if applicable: | | | | | |
| Early ECEAP  ECEAP  ELMS Child ID if applicable: | | Slot model (ECEAP Only):  Part Day  School Day  Working Day | | | |
| Early ECEAP / ECEAP Director Approval Signature: | | | | | |
| Area of Service: | Include what activities will be provided, what supports will be offered, and the frequency of each. (Note: often these are returned for lack of specificity.) | | Who will provide this support? | | How long will this support be in place? Or when is the next meeting scheduled to review this support? Provide specific Dates and Timelines. |
| Health and Nutrition Supports |  | |  | |  |
| Social and Emotional Development |  | |  | |  |
| Language Development & Literacy |  | |  | |  |
| Cognitive Development & General Knowledge |  | |  | |  |
| Physical Development – Large & Small Motor |  | |  | |  |
| TS GOLD®(Child) Observations |  | |  | |  |
| Family Support Visits/Mobility Mentoring |  | |  | |  |
| Parent/Teacher Visits |  | |  | |  |
| Additional Information: | | | | | |
| (Describe) how and when the child will transition back into ECEAP classroom services full time (if applicable): | | | | | |
| If the Alternative Attendance Plan is related to child mental health or behaviors, (describe) how have you worked with Mental Health Consultants (MHC) to better support this child and family:    If the MHC worked with the child, staff or family please summarize what occurred and recommendations | | | | | |
| Have you completed a consultation with the University of Washington Haring Center?  Yes  No  If yes, describe the Haring Center recommendations: | | | | | |
| DCYF Approval: | | | | | |
| Approved  Denied  Comments | | | | | |
| DCYF ECEAP Program Approver Signature: | | | | Date: | |
| DCYF ECEAP Administrator Signature: | | | | Date: | |