



**“Welcome to NH Family-Centered
Early Supports and Services”
(WESS)**

ESS Supervisor Sign-Off Sheet

Name of WESS Applicant:

Program:

Supervisor’s Name:

Supervisor’s E-mail:

Supervisor’s Phone #:

Please initial each section and sign at the end to confirm that your employee has completed the required reading and associated quizzes, as well as met with you to score and discuss the quizzes and material. They will also need to view the DVD “One of the Family” prior to attending (each ESS program was given a copy).

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|-------|----------------------------------|-------|-------------------------------|
| _____ | History/Mission module | _____ | Service Coordination module |
| _____ | History/Mission quiz | _____ | Service Coordination quiz |
| _____ | History/Mission review | _____ | Service Coordination review |
| _____ | Family-Centered module | _____ | IFSP Development module |
| _____ | Family-Centered review | _____ | IFSP Development quiz |
| _____ | Accountability/Funding module | _____ | IFSP Development review |
| _____ | Accountability/Funding quiz | _____ | Transition module |
| _____ | Accountability/Funding review | _____ | Transition quiz |
| _____ | Eligibility Determination module | _____ | Transition review |
| _____ | Eligibility Determination quiz | _____ | Watch “One of the Family” DVD |
| _____ | Eligibility Determination review | | |

Supervisor’s Signature

Date

Comments/Questions: