| Child's Name  | Center     | Disenrollment Date   |
|---|------------|--|
| 1st Year / 1st Day of Attendance (Enroll Date)        |            | D.O.B  |
|   |            | CHILD'S 2 <sup>nd</sup> YEAR FILE                              |
| Place forms in Center                                 | Child's Fi | ile in the order shown below:                                  |
| 1. ENROLLMENT INFORMATION                             |            | 5. FAMILY SERVICES/FOLLOW-UP                                   |
| ☐ DACHS Parent Agreement Form                         |            | □ PFCE Assessment  |
| □ Permission Form                                     |            | Parent Gauge Assessments:                                      |
| ☐ Family Situation Policy                             |            | □ Mid □ Post   |
| ☐ Immunization Record/Appointment Card                |            | ☐ Family Services Referral & Documentation                     |
| ☐ Identification Card Copy                            |            | ☐ Referral Feedback Questionnaire                              |
| ☐ Emergency Contact Form                              |            | ☐ Family Partnership Follow-Up                                 |
| ☐ Notification of Emergency Changes                   |            | ☐ Family Partnership Agreement                                 |
| 2. HEALTH/NUTRITION                                   |            | 6. EDUCATION   |
| ☐ Child's Developmental Health History                |            | ☐ Student Profile  |
| ☐ DACHS Nutrition Information                         |            | ☐ Home Visit I Form  |
| ☐ Physical Exam Form ☐ Lead/HGB/HCT                   |            | *Individual School Readiness Plan (Fall)                       |
| ☐ Physical Exam Appointment Card                      |            | *Dual Language Learner Plan (if applicable)                    |
| ☐ Dental Exam Form ☐ Health Report Card               |            | ☐ Parent/Teacher Conference I Form                             |
| ☐ Dental Exam Appointment Card                        |            | *Parent Teacher Questionnaire                                  |
| ☐ Lead Risk Questionnaire                             |            | *(FCF) GOLD Family Conference Form (Fall)                      |
| ☐ Vision/Hearing Screening Form                       |            | *Individual School Readiness Plan (Winter) 2 - 4 ongoing goals |
| 3. HEALTH/NUTRITION REFERRAL &                        |            | ☐ Home Visit II Form   |
| DOCUMENTATION   |            | *Individual School Readiness Plan (Spring)                     |
| ☐ Child Accident Report (original/s)                  |            | update goals   |
| ☐ Copy of Referral Form; H/N Specialist/Parent        |            | *(FCF) GOLD Family Conference Form (Winter)                    |
| ☐ Authorization forms signed by parents               |            | ☐ Parent/Teacher Conference II Form                            |
| ☐ Parent Reminders                                    |            | *(FCF) GOLD Family Conference Form (Spring)                    |
| ☐ Consent for Blood Lead Screen                       |            | *(ICR) Individual Child Report (Fall-Spring)                   |
| ☐ Reminder/Release Blood Lead Screen/Hgb/HCT T        | est        | ☐ Observation Notes GOLD                                       |
| ☐ Immunization Reminder for Parents                   |            | ☐ Field Trip Permission Forms*                                 |
| ☐ Health/Nutrition Information Monitoring Sheet       |            | (*FORM NEEDED FOR <u>EACH</u> TRIP TAKEN)                      |
| ☐ Other Health Documentation                          |            | 7. DISABILITY/TRANSITION/FOLLOW-UP                             |
| ☐ Documentation on Potty Training – Center Only       |            | □ Denver II & Summary  |
| ☐ Individual Health/Diet Plan – Center Only           |            | ☐ Consent for Child Denver II (if applicable)                  |
| ☐ Medication Forms (copy of the originals)            |            | ☐ Disability Referral & Documentation                          |
| ☐ Doctor's Note on Allergies – Center Only            |            | ☐ Diagnostic/Evaluation Reports                                |
|   |            | ☐ IEP or IFSP  |
| 4. MENTAL HEALTH/FOLLOW-UP                            |            | ☐ Alignment Tool – IEP/IFSP, ILP, Lesson Plans                 |
| ☐ Parent/Guard. Perm. Form Obs. of Child by Spec.     |            | ☐ Transition Verification Form (Original)                      |
| ☐ Child Behavioral Incident Reports (signed original  | /s)        | 1 Transition Vermeation Form (Original)                        |
| - Center Only   |            | 8. PARENT INVOLVEMENT  |
| ☐ Mental Health Ref. Docs. (parent release, faxes, et | c.)        | ☐ Monthly Absences (from Child Plus) – Center Only             |
| Other Mental Health / Behavioral Documentation        |            | □ Doctor's Absence Excuses                                     |
| ☐ Parent ASQ:SE Results Letter                        |            | ☐ Parent Involvement Opportunities – Center Only               |
| ☐ Ages & Stages Questionnaire: Social/Emotional       |            | ☐ Parent Handbook Acknowledgment – Center Only                 |

# **ENROLLMENT INFORMATION**

#### CHILD'S 2<sup>ND</sup> YEAR FILE

| ☐ DACHS Parent Agreement Form           |
|---|
| ☐ Permission Form                       |
| ☐ Family Situation Policy               |
| ☐ Immunization Record/ Appointment Card |
| ☐ Identification Card Copy              |
| ☐ Emergency Contact Changes             |
| ☐ Notification of Emergency Changes     |

## **HEALTH/NUTRITION**

#### CHILD'S 2<sup>ND</sup> YEAR FILE

| Re-enrollment Health/Nutrition Questionnaire     |
|--|
| <br>Physical Exam Form Physical Appointment Card |
| Lead Blood Reading/HGB/HCT Reading               |
| Dental Exam Form  Dental Appointment Card        |
| Health Report Card                               |
| Vision/Hearing Screening Form                    |

# HEALTH/NUTRITION REFERRAL & DOCUMENTATION

# CHILD'S 2<sup>nd</sup> YEAR FILE Place Forms in Order Shown Below:

- 1. Child Accident Report (original/s) Center Only
- 2. Copy of Referral Form from Health/Nutrition Specialist/parent
- 3. Authorization forms signed by parents
- 4. Parent Reminders
- 5. Consent for Blood Lead Screen
- 6. Reminder and Release Form for Blood Lead Screen & Hgb/HCT Test
- 7. Immunization Reminder for Parents
- 8. Health/Nutrition Information Monitoring Sheet
- 9. Other Health Documentation
- 10. Documentation on potty training Center Only
- 11. Individual Health/Diet Plan Center Only
- 12. Medication Forms (copy of the originals)
- 13. Doctors note on allergies (food, medications, insects) Center Only

# MENTAL HEALTH FOLLOW-UP

# CHILD'S 2<sup>nd</sup> YEAR FILE Place Forms in Order Shown Below:

- 1. Parent/Guardian Permission Form for Observation of Child by Specialist
- 2. Child Behavioral Incident Reports (signed original/s) Center Only
- 3. Mental Health Referral Documentation (parent release, facsimile, etc.)
- 4. Other Mental Health / Behavioral Documentation
- 5. Parent ASQ:SE Results Letter
- 6. Ages & Stages Questionnaire; Social/Emotional (ASQ:SE)

# FAMILY SERVICES/ FOLLOW-UP

#### CHILD'S 2<sup>ND</sup> YEAR FILE

| ☐ PFCE Assessment                 |  |
|-----------------------------------|--|
| Parent Gauge Assessmen            | ts:  |
| □ Mid                             |  |
| □ Post                            |  |
| ☐ Family Services Referral &      | & Documentation                                    |
| ☐ Referral Feedback Questionnaire |  |
| ☐ Family Partnership Follow-Up    |  |
| ☐ Family Partnership Agreement    |  |
| Documentation:                    | Redi-Letters Memos Schedule Change                 |
|                                   | Legal Documents (Court orders, custody, etc.) Etc. |

## **EDUCATION**

#### CHILD'S 2ND YEAR FILE

| Student Profile   |
|---|
| Home Visit I Form   |
| ☐ Individual School Readiness Plan (Wellness Goal)          |
| ☐ Dual Language Learner Plan (if applicable)                |
| Parent/Teacher Conference I Form                            |
| ☐ Parent Teacher Questionnaire                              |
| ☐ (FCF) GOLD Family Conference Form (Fall)                  |
| ☐ Individual School Readiness Plan (Fall) 2-4 ongoing goals |
| Home Visit II Form  |
| ☐ Individual School Readiness Plan (Spring) update goals    |
| ☐ (FCF) GOLD Family Conference Form (Winter)                |
| Parent/Teacher Conference II Form                           |
| ☐ (FCF) GOLD Family Conference Form (Spring)                |
| ☐ (ICR) Individual Child Report (Fall-Spring)               |
| ☐ Individual School Readiness Plan (Spring)                 |
| Field Trip Permission Forms* - Center Only                  |
| (*FORM NEEDED FOR <u>EACH</u> TRIP TAKEN)                   |

#### DISABILITY/TRANSITION/ FOLLOW-UP

#### CHILD'S 2ND YEAR FILE

| ☐ Denver II & Summary                     |   |
|---|---|
| ☐ Consent for Child Denve                 | er II (if applicable)   |
| ☐ Disability Referral & Do                | cumentation   |
| ☐ Diagnostic/Evaluation R                 | eports  |
| ☐ IEP OR IFSP                             |   |
| ☐ Alignment Tool – IEP/IF                 | SP, ILP, Lesson Plans   |
| ☐ Transition Verification Form (Original) |   |
| Documentation:                            | Redi-Letters Contact Forms Memos etc. (File by date order with the most current information on top) |

# PARENT INVOLVEMENT

#### CHILD'S 2<sup>ND</sup> YEAR FILE

| Monthly Absences (from Child Plus) - Center Only |
|--|
| Home Visit Log – Home-Base Only                  |
| Parent Involvement Opportunities - Center Only   |
| EHS Recruitment Form                             |
| Parent Handbook Acknowledgment - Center Only     |