

Site File Master List

Child's Name _____ Date of Birth _____

School Year _____ Child's Year: 1st 2nd 3rd Site Nak Knw Tog Kmo Dlg AM or PM

Please write in the date each Form was completed.

Eligibility

	Date		Date
<input type="checkbox"/> Site File Check-out List		<input type="checkbox"/> Termination/Withdrawal Form	_____
<input type="checkbox"/> Application	_____	<input type="checkbox"/> Transfer Date	_____
<input type="checkbox"/> Acceptance Letter	_____	<input type="checkbox"/> Enrollment Form Ck. List	_____
<input type="checkbox"/> Enrollment Form	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Supplemental Child Info.	_____	<input type="checkbox"/> _____	_____

Consent Forms

	Date		Date
<input type="checkbox"/> Child's File Master List		<input type="checkbox"/> Dental Consent	_____
<input type="checkbox"/> Consents/Comments	_____	<input type="checkbox"/> _____	_____

Health

	Date		Date
<input type="checkbox"/> Health History	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Nutrition History	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Health & Nutritional Update	_____		
<input type="checkbox"/> Hearing Screening	_____		
<input type="checkbox"/> Vision Screening	_____		
<input type="checkbox"/> Dental Exam	_____		
<input type="checkbox"/> Immunizations	_____		
<input type="checkbox"/> Weight/Height for Stature	1 st _____ 2 nd _____		
<input type="checkbox"/> Accident Report	_____		

Education

	Date		Date
<input type="checkbox"/> Speed Dial / <input type="checkbox"/> Denver II		<input type="checkbox"/> Individualized Plans	1 st _____ 2 nd _____
<input type="checkbox"/> CC Continuum	F _____ W _____ S _____	<input type="checkbox"/> Child Behavior Report*	_____
<input type="checkbox"/> DECA	1 st _____ 2 nd _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Child Observations	F _____ W _____ S _____		

Parent Involvement

	Date		Date
<input type="checkbox"/> Educational Home Visit	1 st _____ 2 nd _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> P/T Conferences	1 st _____ 2 nd _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Family Contact Report	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____	_____

Social Services

Family Needs Assessment & Interest Survey _____

Attendance H/V Required _____