

**COLLEGE OF SOUTHERN IDAHO HEAD START
3-5 YEAR OLD ACCESS LOG FOR CONFIDENTIAL MATERIALS**

(To be used by all persons viewing child's file.)

Enrollment Date _____ Child's Name _____ DOB ____/____/____

Family Educator III Signature

Family Educator II Signature

Date of Transfer

Family Educator II Signature

Family Educator II Signature

Name

Date(s)

FILING ORDER

	Date Placed in File		Date Placed in File
1. SOAP/Data Plan	_____	5. ESI	_____
Problem/Need/Concern	_____	Child Goals	_____
ERSEA Verification & Acceptance	_____	Other	_____
Family Member Demographic	_____	6. Disabilities	_____
Income & Employment Worksheet	_____	Copy of Referral Form	_____
Eligible Child	_____	Release of Information	_____
Consents	_____	Evaluation	_____
Release of Information	_____	Diagnostic Statement	_____
USDA/Over Income	_____	IEP/IFSP (504)	_____
Other _____	_____	Individual Transition Plan	_____
2. Eligible Child Health Form (1pg.)	_____	Parent Handbook (Date rvwd w/Parent)	_____
General Health/Nutrition (3 pgs.)	_____	Agency Reports/Therapy Logs	_____
Child Immunizations	_____	Other _____	_____
TB Survey	_____	7. Parent Interest Survey	_____
Health IEP	_____	Mapping Summary	_____
Growth Chart – BMI	_____	Family Partnership Agreement	_____
Other _____	_____	Other _____	_____
3. Medication Administration Form	_____	8. OHV #1	_____
Well Child Medical Exam	_____	OHV #2	_____
Medical Follow-Up	_____	CPE's	_____
Health Check Documentation	_____	Referrals	_____
Lead Screening Results/ Refusal	_____	Other _____	_____
HCT/HGB Count	_____	9. Parent/Teacher Conference #1	_____
Blood Pressure	_____	Parent/Teacher Conference #2	_____
Dental Exam	_____		
Dental Follow-Up	_____		
Dental IEP	_____		
4. Vision Screening	_____		
Hearing Screening	_____		
DECA (Parent & Teacher)	_____		
Speech/Language Screening	_____		
Mental Health Observation	_____		
Mental Health Follow-Up	_____		
Other _____	_____		

Bold items apply as needed

DATE Services Took Place	CODE	PROBLEM/NEED/CONCERN	DATE RESOLVED (all elements completed)
	1	DEVELOPMENTAL SCREENING Re-test & Follow-Up	
	2	VISION SCREENING Re-test & Follow-Up	
	3	SPEECH & LANGUAGE SCREENING Re-test & Follow-Up	
	4	HEARING SCREENING Re-test & Follow-Up	
	5	PHYSICAL & FOLLOW-UP	
	6	DENTAL & FOLLOW-UP	
	7	IMMUNIZATIONS	
	8	GROWTH CHART	
	9	DISABILITIES IEP & FOLLOW-UP	
	10	MENTAL HEALTH	
	11	CLASSROOM CONCERNS	
	12	HOME VISIT CONCERNS	
	13	BUS CONCERNS	
	14	ATTENDANCE CONCERNS	