

3-5 CHILD FILE CHECK LIST

Center _____ Child's Name _____ DOB _____

FE _____ Reviewer Name _____ 1st Date ___/___/___

Reviewer Name _____ 2nd Date ___/___/___

Bolded items apply as needed	Yes	No	Date	Comments
1. Enrollment date				
Access/ SOAP				
CSI HS/EHS Application Check List				If not complete, what is missing
ERSEA verification/acceptance				If Oi, comment on acceptance
Application (pgs. 3,4,5,7,8 & 9 exclude pg. 6)				May be pg. duplications according to family size
Release of INFO (to whom)				
2. Medical Insurance/Provider Form				
General Health/Nutrition (pgs. 11,12)				
Child Immunizations				
TB survey				
Health IEP / Dental IEP				
Growth chart BMI				
3. Well Child Medical Exam				
Lead Survey Form/Lead Test				
HCT/HGB count (due at 5 yrs/age)				
Blood Pressure				
Dental exam				If follow-up, what is status?
Medication Admin Form				
4. Vision Screening				
Hearing Screening				
Social/Emotional = DECA				
Speech/Language Screener				
Individual Mental Health				
5. ESI				
Child Goals				
6. Parents Rights Booklet reviewed				
Agency Reports/logs				
Referral Form				
Interagency Parent Permission				
Evaluation				
Diagnostic Statement				
IEP/ISFP (504)				
Transition Plan				
7. Parent Interest Survey				
Mapping Summary				
Family Partnership Agreement				
8. OHV#1				
OHV#2				
CPE completed # _____				
Required lessons				PS PS Dent. Dent. Well Safety Nut GM MH Trans MM
Referrals # and to whom				
9. Parent/Teacher Conference #1				
Parent/Teacher Conference #2				

ACTIONS/FOLLOW UP: