

### CSI HEAD START HOME VISIT TRACKING

Center \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Drop Date \_\_\_\_\_

CHILD \_\_\_\_\_ PARENT \_\_\_\_\_ Staff \_\_\_\_\_ Option \_\_\_\_\_

<u>Immunizations</u>	Date	Date	Date	Date	Date		Doctor	Date	FU	Comp Date
DPT						Physical				
OPV						HCT				
MMR						BP				
HEP B						HT	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
TB						WT	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
						Dental				
						Ind Dental plan				

#### Family Staffings 1.

<u>Screenings</u>	Date	Date	Date	Date
ESI				
Speech/Lang				
Hearing				
Vision				
Lead Screening				
MH observation				
MH FU				
Child Goals	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
COR score summary	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
DECA	1 <sup>st</sup>	2 <sup>nd</sup>		

2.

Screenings & Dinner  

<u>Parent Meetings</u>				<u>Parent Trainings</u>									
Community Resource			Volunteer	Classroom ____	Bus ____			Policy Council ____	Other ____				
<u>Parent required lesson</u>	Date	Date	<u>Referrals</u>	Date	Result	<u>Home Visits</u>			1.	2.	3.		
Dental 2						4.	5.	6.	7.				
Personal Safety 2						8.	9.	10.	11.				
Nutrition 1						12.	13.	14.	15.				
Wellness 1						16.	17.						
Mental Health 1													
Safety 1								Conf.	Conf.				
Gross Motor 1						Conf	Mapping	FPA	FPA				
Financial Lit. 1						Parent/Teacher Conf		1 <sup>st</sup>	2 <sup>nd</sup>				
Transportation 1													