

# CENTER FILES CHECKLIST

First Day of Services \_\_\_\_\_ Child's Name \_\_\_\_\_

- \_\_\_\_\_ Authorization
- \_\_\_\_\_ Child's Name \_\_\_\_\_ Unit \_\_\_\_\_ Signed and Dated
- \_\_\_\_\_ Agreement of Support
- \_\_\_\_\_ Getting to Know You Form

LEFT side of  
child file

- \_\_\_\_\_ Home Visit/Conference Form completed
  - \_\_\_\_\_ 1<sup>st</sup> Home Visit \_\_\_\_\_ 2<sup>nd</sup> Home Visit
  - \_\_\_\_\_ 1<sup>st</sup> Conference \_\_\_\_\_ 2<sup>nd</sup> Conference
- \_\_\_\_\_ Dates match in ChildPlus – notes filled out
- \_\_\_\_\_ Progress Report to Families (F, W, S)
  - \_\_\_\_\_ Signed and dated
  - \_\_\_\_\_ Signed and dated
  - \_\_\_\_\_ Signed and dated
- \_\_\_\_\_ Check Children’s Portfolios
- \_\_\_\_\_ Release of Information and other Permission forms
- \_\_\_\_\_ SIGNED IEP - for children receiving services
- \_\_\_\_\_ Dates match in ChildPlus
- \_\_\_\_\_ Dial 4
- \_\_\_\_\_ Dial 4 Parent Questionnaire
- \_\_\_\_\_ Dates match in ChildPlus
- \_\_\_\_\_ Other information concerning Health or Behavior issues (List)

RIGHT  
side of  
child file:

Top

↓

Bottom  
(order of  
forms)

<b>Date checked</b> _____	<b>Teacher Initials</b> _____
Date checked _____	Education Staff Initials _____
Spot checked _____	Education Staff Initials _____