

HOME BASE 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
 - _____ 1st Home Visit _____ 1st Conference
 - _____ 2nd Conference _____ 3rd Conference

- _____ Progress Report to Families (F, W, S)
 - _____ Signed and dated
 - _____ Signed and dated
 - _____ Signed and dated

_____ Check Child's Portfolio

- _____ Release of Information and other Permission forms
- _____ SIGNED IEP for children receiving services
- _____ Dates match in ChildPlus
- _____ Copy of Disability Determination Services (If request comes in)

- _____ Dial 4
- _____ Dial 4 Parent Questionnaire
- _____ Dates match in ChildPlus

_____ Other information concerning Health or Behavior issues
 Only if related to Educational Needs
 (List)

RIGHT
side of
child file:

Top

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Bottom
(order of
forms)

Date checked _____
 Date checked _____
 Spot checked _____

Home Visitor Initials _____
 Education Staff Initials _____
 Education Staff Initials _____