

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
 - _____ 1st Home Visit _____ 2nd Home Visit
 - _____ 1st Conference _____ 2nd 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
- _____ 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
↓
Bottom (order of forms)

Date checked _____ **Teacher Initials** _____
Date checked _____ Education Staff Initials _____
Spot checked _____ Education Staff Initials _____