

CENTER FILES CHECKLIST

First Day of Services _____ Child's Name _____

_____ Authorization

_____ Child's Name _____ Unit _____ Signed and Dated

_____ Home Visit/Conference Form completed

_____ 1st Home Visit _____ 2nd Home Visit

_____ 1st Conference _____ 2nd Conference

_____ 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

_____ Copy of Completed Evaluation from the Public School

_____ Consent for Evaluation from the Public School- (with parent's signature)

(Only needed for children referred after this current year's First Day of Services)

_____ Dial 4

_____ Dial 4 Parent Questionnaire

_____ Other information concerning Health or Behavior issues

(List)

Date checked _____

Date checked _____

Spot checked _____

Teacher Initials _____

Education Staff Initials _____

Education Staff Initials _____