

CENTER FILES CHECKLIST

First Day of Services _____ Child's Name _____

____ Authorization
____ Child's Name _____ Unit _____ Signed and Dated

LEFT side of child file

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

____ Home Visit/Conference Form completed
____ 1st Home Visit _____ 2nd Home Visit
____ 1st Conference _____ 2nd Conference

____ Check Children's Portfolios

____ Release of Information and other Permission forms
____ SIGNED IEP - for children receiving services

____ Dial 4
____ Dial 4 Parent Questionnaire

____ Other information concerning Health or Behavior issues
(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 _____