

HOME BASE FILES CHECKLIST

First Day of Services _____ Child's Name _____

Authorization
 Child's Name Unit Signed and Dated
 Agreement of Support

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

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 _____ **Home Visitor Initials** _____
 Date checked _____ Education Staff Initials _____
 Spot checked _____ Education Staff Initials _____