

# HOME BASE FILES CHECKLIST

First Day of Services \_\_\_\_\_ Child's Name \_\_\_\_\_

\_\_\_\_\_ Authorization

\_\_\_\_\_ Child's Name \_\_\_\_\_ Unit \_\_\_\_\_ Signed and Dated

LEFT side of  
child file

\_\_\_\_\_ Agreement of Support

\_\_\_\_\_ Home Visit/Conference Form completed

\_\_\_\_\_ 1<sup>st</sup> Home Visit

\_\_\_\_\_ 1<sup>st</sup> Conference

\_\_\_\_\_ 2<sup>nd</sup> Conference

\_\_\_\_\_ 3<sup>rd</sup> 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

\_\_\_\_\_ Dial 4

\_\_\_\_\_ Dial 4 Parent Questionnaire

\_\_\_\_\_ Dates match in ChildPlus

\_\_\_\_\_ 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 \_\_\_\_\_