



Child File Checklist

WVEIS # _____ HS HS O.I. PK HS Ranking # _____

K Eligible? Yes No

Can the child be photographed? Yes No

Child's Name _____ DOB ____/____/____ Age _____ Home Language _____

Site/Classroom _____ Family Advocate _____

Teacher _____ Assistant Teacher _____

Enrollment Date

Screening Timelines (calendar days from enrollment date)

1st day attended ____/____/____ 30 ____/____/____ 45 ____/____/____ 90 ____/____/____

New Information for Internal County Transfer: Transfer Date ____/____/____ County _____ Classroom _____
FA _____ Teacher _____ Asst. Teacher _____

- EL - Eligibility Section
Emergency Release
(Court Order/FPO, etc.)
(EHS/HS/PK Drop/Add/Transfer)
(EHS Transition documents)
Application/Enrollment documents
Birth Certificate
(Social Security Card/Number)
(Medical Card/Number)
Income and Eligibility Verification
Supporting Income Documents
Selection Criteria
(Summer Acceptance/Eligibility Letters)
Parent-Staff Contract
Internet Safety Permission
Emergency Relocation
Pesticide Notification
(Other documents/Contact Notes, etc.)

- AT - Attendance Section
Attendance Referral
Attendance Plan
Contact Notes/Logs/Other Notes
Staff/Parent/Doctor Notes
Attendance Records
(Bus Records/Contacts)
(Other documents/Contact Notes, etc.)

- DS - Disabilities Section
(IEP Amendment)
(IEP)
(IEP Progress Report)
(Evacuation Plans Bus Center)
(Screening/Evaluation copies for IEP)
(504 Plan)
(Assessments/Medical Documents)
(Release of Information)
(Other documents/Contact Notes, etc.)

- CD - Child Development Section
Home Visit/Confirmation
1st HV / Confirmation
2nd HV / Confirmation
Parent Conference/Confirmation
1st PC / Confirmation
2nd PC / Confirmation
School Readiness Individualized Learning Plan
Initial 1st PC 2nd PC Final
ELRS Reports
Initial Mid Final
Parent Interview
Initial Final
Staffing Focus
Field Trip Permission
(Incident Reports)
(Other documents/Contact Notes, etc.)

** place 2nd form on top of the 1st form - most current on top

- FS - Family Services Section
Family Demographics
FS other documents/Contact Notes, etc.
(Social Services Referral)
HV Checklists/Documentation
Family Goal Divider
Goal Setting and Service Plan
Goal other documents/Contact Notes, etc.
Outcomes 1st 2nd * most recent on top

End of Year Review:
Teaching Staff _____ Date ____/____/____
Family Advocate _____ Date ____/____/____
FA/Health Specialist _____ Date ____/____/____
CD Manager/Specialist _____ Date ____/____/____
(MH Specialist _____ Date ____/____/____)



Child File Checklist

Child's Name _____ DOB _____ / _____ / _____ Age _____

Enrollment Date

Screening Timelines (calendar days from enrollment date)

1st day attended _____ / _____ / _____

30 _____ / _____ / _____ 45 _____ / _____ / _____ 90 _____ / _____ / _____

PH – Physical Section

- Physical Exam
- (Referral/follow-up)
- Birth History
- (Communicable Conditions Letter)
- Height/Weight Growth Chart 1st 2nd 3rd
- HGB/HCT/Lead
- (Release of Information)
- (Other documents/Contact Notes, etc.)

DN – Dental Section

- Dental Exam (Oral Health)
- (Dental Follow-up Plans)
- (Referral/follow-up)
- (Release of Information)
- (Other documents/Contact Notes, etc.)

IM – Immunizations Section

- myHeadStart Immunization report
- Immunization records
- (Referral/follow-up)
- (TB Information)
- (Release of Information)
- (Other documents/Contact Notes, etc.)

MD – Medication Section

- (Individual Health Plan)
- (Doctors' notes/scripts/medication info.)
- (Special Dietary Needs Form)
- (Referral/follow-up)
- (Release of Information)
- (Other documents/Contact Notes, etc.)

SC – Screening Section

- Screening Summary
- Screening Permission Pamphlet
- Vision Screening
- (Vision referral/follow-up)
- Hearing Screening
- (Hearing referral/follow-up)
- Speech Screening
- (Speech referral/follow-up)
- Developmental Screening
- (Developmental referral/follow-up)
- Self Help/Social Emotional Screening
- (SH/SE referral/follow-up)
- (Child & Family Support Plan)
- Nutritional Screening
- Lead Risk Screening
- (Release of Information)
- (Other documents/Contact Notes, etc.)

MH – Mental Health Section

- (MH Referral)
- (Permission to Observe/Work with Child)
- (Informed Consent)
- (Observation)
- (DAP Notes)
- (Treatment Plan)
- (Family Team Meeting)
- (Placement Modification Form)
- (Modification Review Form)
- (Mental Health Discharge Summary)
- (Release of Information)
- (Other documents/Contact Notes, etc.)

FR – File Review Section

- (Returning Child File Review forms)
- (File Review)
- (Other documents/Contact Notes, etc.)

Child File Checklist Instructions:

1. In the child's file Place page 1 in front of the EL section and page 2 in front of the PH section.
2. Ensure all forms/documents, etc. are completed thoroughly, including using first/last names.
 - a. Use BLUE INK only and neat/legible handwriting/signatures.
 - b. Leave nothing blank. Place a single line through field for no information unless noted. DO NOT write "None" or "N/A".
3. File paperwork by MOST RECENT first and check corresponding box on this checklist. () items in parenthesis may not be in all files.
 - a. Use dividers to separate program years in ALL sections. If document is current, leave in current program year.
4. Update and review files at minimum every other week for accuracy and to address any needs.