

DISABILITIES TRACKING SHEET

Center _____ Staff _____ Month _____

Information for child enrolled with a disability

CHILD'S NAME	DATE ENROLLED (if after initial enrollment)	ELIGIBILITY DATE	CURRENT IFSP	SCHEDULED UPDATES/REVIEWS	NAME OF DOCUMENTED DISABILITY
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Information for child identified with a disability while enrolled

CHILD'S NAME	INTERNAL REFERRAL DATE	DATE OF INTERNAL OBSERVATION	ESD REFERRAL DATE	ELIIGIBILITY DATE	IFSP MEETING DATE	NAME OF DOCUMENTED DISABILITY
1.						
2.						
3.						
4.						
5.						
6.						