Key: **X** in file
O Missing
- Not Applicable

Month: _____

Date: _____

Site_____

Classroom_____

a.m. ☐ p.m. ☐ ☐ Full day

Reviewed with
T/CFA _____
FA _____
Director _____

Umatilla Morrow Head Start, Inc.
FILE REVIEW CHECKLIST

		Enrollment							Education							Health									Family Development			Disabilities/Mental Health									Child Care			
CHILD'S NAME	Enrollment Date	Application	Recruitment Notes Income Verification	Emergency Permissions	Transportation Orientation checklist	Authorization for release of Information	Disability consent	CACFP form (if OI, also Conf. Income stmt. Form)	Attendance – Classroom	Attendance – Home Visit	ASQ	Portage	Individualization Sheets/ goals	DECA/ASQ-SE	Comprehensive Parent Staff Conference	Immunization record (CIS)	Developmental History	Health History	Health Protocols	Vision screening	Hearing Screen	Nutrition Assessment	Well child exam (up-to-date)	Dental Exam(up to date)	Family Partnership Completed	Goal Developed	Initial/Mid Year/Final Scores	Potential Concern (Developmental/Social Emotional)		Referral Checklist		IEP/IFSP – Guidance Plan		Internal Agency Referral (MH/Disability)		Consultant reports (ESD/MH)		Parent Handbook	Child Care Schedule	Subsidy Information	Progress Notes

Reviewed/updated 6/29/11