HEAD START of LANE COUNTY

ORIENTATION CHECKLIST

YOUR NAME: _____ SITE: _____

CHILD'S NAME: _____ DATE: _____

	YES	NO
ATTENDANCE The Head Start attendance policy has been explained to me. I must have my child attend the program on a regular basis and call the site to report any absence.	_____	_____
CHILD ABUSE AND NEGLECT The Head Start Policy on Child Abuse and Neglect has been explained to me. I understand that Head Start is bound by law to report suspected child abuse and neglect.	_____	_____
PARENT HANDBOOK I have received and read my Parent Handbook. If I have any questions I will ask my Family Service staff.	_____	_____
PARENT RESOURCE DIRECTORY I have received my Resource Directory and have been instructed in how to use it.	_____	_____

The best way to contact me: ❒ Send notes home with my child ❒ Call me at home.
❒ Other: _____ ❒ By mail

I prefer: ❒ Daytime Parent Meetings Best times are: _____
❒ Evening Parent Meetings Best times are: _____

_____ _____
PARENT / GUARDIAN SIGNATURE STAFF SIGNATURE

YELLOW : Parent's Copy