

Site File Form Placement Review Guide	EHS <input type="checkbox"/> English <input type="checkbox"/> Spanish	Child ID # _____ School Year _____
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SECTION 1 – REGISTRATION

<input type="checkbox"/> Site File Form Placement Review Guide	<input checked="" type="checkbox"/> FULL-DAY / YEAR PROGRAM
<input type="checkbox"/> Emergency Contacts	<input type="checkbox"/> Full-Day Program Letter of Agreement
<input type="checkbox"/> Letter to Parent(s) – re: Transportation Release Letter	<input type="checkbox"/> Agency—Subsidy Pay
<input type="checkbox"/> Student Education Record Policy Notification of Parent Rights	<input type="checkbox"/> Parent Pay
<input type="checkbox"/> Head Start Enrollment Application	<input type="checkbox"/> Eligibility Verification(s)
<input checked="" type="checkbox"/> Permissions: <input type="checkbox"/> Exchange Confidential Information <input type="checkbox"/> Permissions	<input type="checkbox"/> DHS / HS Contract Agreement

SECTION 2 – HEALTH

<input type="checkbox"/> Child Health Information	<input type="checkbox"/> Accident Report(s)
<input type="checkbox"/> Parent Permission for Medical Administration & Flow Chart	<input type="checkbox"/> Authorization for Dental Hygiene Services
<input type="checkbox"/> CACFP (<i>Child and Adult Care Food Program Enrollment Form</i>) - OPTIONAL	<input type="checkbox"/> Consultation Form for Pregnant Women to Receive Oral Health Care
<input type="checkbox"/> CACFP (<i>Infant Feeding Benefit Notification & Acknowledgment</i>)	<input checked="" type="checkbox"/> EHS Dental Survey: <input type="checkbox"/> Enrollment <input type="checkbox"/> Post
<input type="checkbox"/> Special diet Request Form	<input type="checkbox"/> BMI (Length for Age and Weight for Age Percentiles)

SECTION 3 – SCREENING / TRACKING / REFERRAL

<input type="checkbox"/> Childcare Enrollment Infant and Toddler Information Sheet	<input type="checkbox"/> Permission for Additional Services
<input checked="" type="checkbox"/> ASQ: <input type="checkbox"/> SE <input type="checkbox"/> 3	<input type="checkbox"/> Hearing Screening (<i>ERO, Audiometer, etc</i>)
<input type="checkbox"/> Edinberg Postnatal Depression Scale	<input type="checkbox"/> Health Appraisal (Screening)
<input type="checkbox"/> Lead Screening Parent Questionnaire	<input type="checkbox"/> EHS Vision Screening

SECTION 4 – FAMILY SERVICES

<input type="checkbox"/> Parent Education and Information Survey	<input type="checkbox"/> Information on Custody or Restraining Orders
<input type="checkbox"/> Volunteering -Ways You Can Help	<input type="checkbox"/> Letters to Other Agencies - re: Family Services
<input type="checkbox"/> Orientation Checklist	<input type="checkbox"/> Parent/Staff Correspondence
<input type="checkbox"/> Child Observation Form (Mental Health) – if FS related	<input type="checkbox"/> Request for Family Records
<input type="checkbox"/> Childcare Enrollment Infant & Toddler Information Sheet	<input type="checkbox"/> Family Partnership Agreement

SECTION 5 – EDUCATION

<input type="checkbox"/> Transition Summary (<i>Kindergarten or to other program</i>)	<input type="checkbox"/> Child Observation Notes (<i>i.e.: Observation in Natural Setting</i>)
<input type="checkbox"/> AEPS Progress Report (<i>Placed at end of year or when child leaves program</i>)	<input type="checkbox"/> Request for Education Records
<input type="checkbox"/> Behavior Plan	<input type="checkbox"/> Outside Consultant Notes (<i>non-IFSP children</i>)
<input type="checkbox"/> Staffing Letter	<input checked="" type="checkbox"/> AEPS: <input type="checkbox"/> CODRF <input type="checkbox"/> Family Report

SECTION 6 – SPECIAL EDUCATION

<input type="checkbox"/> Referral (<i>may have come with application</i>)	<input checked="" type="checkbox"/> Early Childhood CARES Forms (<i>continued</i>)
<input type="checkbox"/> Reports from Service Providers (<i>SLP, ECSE Specialist, etc.</i>)	<input type="checkbox"/> Statement of Eligibility
<input type="checkbox"/> Any Other Related ESCE Documents (<i>CRDC, Lane ESD, Relief Nursery</i>)	<input checked="" type="checkbox"/> IFSP Forms
<input checked="" type="checkbox"/> Early Childhood CARES Forms	<input type="checkbox"/> IFSP Cover Page
<input type="checkbox"/> Consent for Evaluation	<input type="checkbox"/> IFSP Participants
<input type="checkbox"/> Consent for Mutual Exchange of Information	<input type="checkbox"/> Developmental Information
<input type="checkbox"/> Prior Notice of IFSP Meeting	<input type="checkbox"/> Goals & Objectives
<input type="checkbox"/> Prior Notice to Initiate a Change	<input type="checkbox"/> Family Outcomes
<input type="checkbox"/> Evaluation Reports	<input type="checkbox"/> Transition
<input type="checkbox"/> Prior Notice and Consent for Initial Placement Into SE	<input type="checkbox"/> Placement Decision

Actual order of forms within sections can vary ... current school year on top