

Codes ✓ = Reviewed Form •F = Filed the Form •X = Missing Form I = Incomplete Form • N = Not Applicable P = In Progress or Not Due • O = Over Due **FAMILY SERVICES** FCP-600 or FCP-607 Head Start Application Income Documentation FCP-612 Change of Status (If applicable) Custody Orders (If Applicable) FCP-615 Strength Form FCP-618 Family Goals and Services Plan Worksheet FCP-617 Activity Service Form FCP-606 Reporting Suspected Child Abuse (If applicable) Parent Interest Survey E-327 Staffing Reports

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FAMILY	SERVICES		/	/	/	/	/		/	/		/
FCP-600 or FCP-607 Head Start Application												
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EDUCATION

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E-400 1st Home Visits & Dated COR Family Report										
E-400 1st Parent Conferencs & Dated COR Family Report										
E-400 2nd Home Visit & Dated COR Family Report										
E-400 2nd Parent Conferencs & Dated COR Family Report										
E-427 Transition Plan										
Ages & Stages Questionnaires										
ASQ Developmental Screening Results										
ASQ:SE Social-Emotional Screening										
E-429 Infant Feeding Plan (If applicable)										
E-406 Antecedents Behaviors Consequeces (If applicable)										

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E-435

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HEALTH									Ι.						
2 yrs. Physical [] Hgb [] Lead															
Well-Baby Check Up 18m 15m 12m 9m 6m 4m 2m 6w															
Immunization Record (on Physical or Separate- Required)															
H-314 Health Screenings [] Hearing [] Vision [] Hgb															
H-315 Vision Observation (0-11 months)															
Growth Charts [] 1st. [] 2nd.															
H-328 Child Nutritional Assessment															
H-331 Health History															
H-311 Consents & Permissions															
H-324 Dental Exam and Treatment Record															
If Applicable															
H-323 Consent to Exchange Information															
H-303 Child Incident Report															
H-332 Exposure Notice															
H-302 Special Care Plan Children w/ Asthma															
H-325 Food Allergy Action Plan															
H-312 Seizure Care Plan															
H-300 Authorization to Give Medication															
H-338 Dietary Action Plan															
H-306(b) Sign and Symptom Record															
Follow-Up															
H-308 Medical/Dental Reminder/Referral															
Medical Correspondence															
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IFSP (If applicable)										
D-505 IFSP/IEP Activity (If applicable)										
Sign-In Sheet for providers (Monthly) (If applicable)										
H-311 Referral to Mental Health Provider (If applicable)										
Mental Health Treatment Plans (If applicable)										
D-508 Referral to Early Intervention (If applicable)										
D-506 Referral to for Special Education (If applicable)										
Behavior Plan										

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