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	SERVICES	 				otacluster	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{L}}}$	otacluster			/
FCP-600 or FCP-607 Head	Start Application										
Income Documentation											
FCP-612 Change of Status (	(If applicable)										
Custody Orders (If Applicable	e)										
FCP-615 Strength Form											
FCP-618 Family Goals and	Services Plan Worksheet										
FCP-617 Activity Service Fo	rm										
Parent Interest Survey											
E-327 Staffing Reports											

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FCP-600 or FCP-607 Hea	ad Start Application										
Income Documentation											
FCP-612 Change of Statu	ıs (If applicable)										
Custody Orders (If Application	able)										
FCP-615 Strength Form											
FCP-618 Family Goals ar	nd Services Plan Worksheet										
FCP-617 Activity Service	Form										
Parent Interest Survey											
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O - Over Due			/	/	/	/			/	/	/	/
	EDUCATION											/
E-400 1st Home Visits (Full	Year: COR Family Report)											
E-400 1st Parent Conference	cs, Dated COR Family Report, & VI	KRP Reports										
E-400 2nd Home Visit & Dat	ted COR Family Report											
E-400 2nd Parent Conferen	cs, Dated COR Family Report, & V	KRP Reports										
E-427 Transition Plan												
ASQ:SE (Social Emotional S	Screening)											
Ages & Stages Questionnai	res											
ASQ Developmental Screen	ning Results											
VALLSS (Children transition	ning to Kindergarten)											
VALLSS Summary Report (												
E-406 Antecedents Behavio	ors Consequeces (If applicable)											
Speech Screening (If application	able)											

EDUCATION					
E-400 1st Home Visits (Full Year: COR Family Report)					
E-400 1st Parent Conferencs, Dated COR Family Report, & VKRP Reports					
E-400 2nd Home Visit & Dated COR Family Report					
E-400 2nd Parent Conferencs, Dated COR Family Report, & VKRP Reports					
E-427 Transition Plan					
TABS Screener (Temperament & Atypical Behavior Scale)					
Ages & Stages Questionnaires					
ASQ Developmental Screening Results					
VALLSS (Children transitioning to Kindergarten)					
VALLSS Summary Report (If applicable)					
E-406 Antecedents Behaviors Consequeces (If applicable)					
Speech Screening (If applicable)					

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n-320 Child Nuthtional 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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DIS	SABILITIES	L			L		L	L	L	igstyle	
IEP (If applicable)											
D-505 IFSP/IEP Activity	(If applicable)										
Sign-In Sheet for provide	ers (Monthly) (If applicable)										
H-311 Referral to Menta	Health Provider (If applicable)										
Mental Health Treatmen	t Plans (If applicable)										
D-507 Referral to for Spe	ecial Education (If applicable)										
D-323 Consent to Excha	ange Information										
Behavior Plan											

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• O = Over Due FAMIL	Y CONTACT								
E-402 Monthly Attendance	e Monitoring								
E-401 Attendance Trackin	g								
FCP-602 Unexplained Abs	sentee Follow-Up (If applicable)								
Attendance Letters to Pare	ents (Copy with date sent)								
FCP-609 Contact Note or	E420 Teacher Contact Notes								
E-480 One Call Now Pare	nt Sign-up Request								
E-407 Field Trip Permission	on								
E-413 Good News Gazette	e (Monthly)								

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FCP-602 Unexplained Abser	tee Follow-Up (If applicable)											
Attendance Letters to Parent	,											
FCP-609 Contact Note or E4	20 Teacher Contact Notes											
E-480 One Call Now Parent	Sign-up Request											
E-407 Field Trip Permission												
E-413 Good News Gazette (	Monthly)											