

CENTER FILES CHECKLIST

First Day of Services _____ Child's Name _____

____ Authorization
_____ Child's Name _____ Unit _____ Signed and Dated
____ Agreement of Support
____ Getting to Know You Form

LEFT side of
child file

____ Home Visit/Conference Form completed
_____ 1st Home Visit _____ 2nd Home Visit
_____ 1st Conference _____ 2nd Conference
____ Dates match in ChildPlus – notes filled out

____ Progress Report to Families (F, W, S)
_____ Signed and dated
_____ Signed and dated
_____ Signed and dated

____ Check Children's Portfolios

____ Release of Information and other Permission forms
____ SIGNED IEP - for children receiving services
____ Dates match in ChildPlus
____ Copy of Disability Determination Services (If request comes in)

____ Dial 4
____ Dial 4 Parent Questionnaire _____ SCORED
____ Dates match in ChildPlus

RIGHT
side of
child file:

Top



Bottom
(order of
forms)

____ Other information concerning Health or Behavior issues
Only if related to Educational Needs (List)

Date checked _____

Date checked _____

Spot checked _____

Teacher Initials _____

Education Staff Initials _____

Education Staff Initials _____