

Early Head Start Health/Developmental Tracking Form

<u>Child's Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Enrollment Date</u>	<u>45 Days Date</u>
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Date Due	Completed	Length %	Weight %	Head Cir. %	HT/WT %	45 DAY SCREENS	Date Complete
						Behavioral	
						Development	
						Speech/Language	
						Hearing	
						Visual	
						Health History	
						Nutrition Assess.	
						TB	
						HGB/HCT 1	
						HGB/HCT 2	
						HGB/HCT 3	
						HGB/HCT 4	
						Lead 1	
						Lead 2	
						Allergies	
						Asthma	
						M/H referral	

Well-Child Checks

Date	1 Month	1-2 Month	3-4 Month	5-6 Month	7-9 Month	10/12 Month	13/15 Month	16/23 Month	24 Month	36 Month
Due										
Completed										

Ages & Stages Ongoing Screen

4 Mth	6 Mth	8 Mth	10 Mth	12 Mth	14 Mth	16 Mth

18 Mth	20 Mth	22 Mth	24 Mth	27 Mth	30 Mth	33 Mth	36 Mth

Polio	DTP	MMR	HIB	HEPB	VAR

Notes: