

ENROLLMENT QUESTIONNAIRE ROUTING SLIP/REQUEST FOR FOLLOW-UP SERVICES CHECKLIST

The following needs to be updated and complete in the child's file and included with the routing or request for follow-up service:

ALL REQUESTS FOR FOLLOW-UP SERVICES

- Evidence of parent signature on Follow-up Services Request Form

HEALTH/NUTRITION

- Enrollment Questionnaire
- First Page of Application
- Health History
- Nutrition History
- Physical (if available)
- Height/Weight Graph (for nutrition referrals only)
- Medical/Dental Insurance Information (if available)
- Parent/Guardian Permission to Release Confidential Information (if available)
- Special Diet Request Form (for special diet requests only)

CARE PLANS - ASTHMA, SEIZURE, ALLERGY (Center Base Only)

- Asthma Questionnaire
- Allergy Questionnaire (Food, Non-food, or Seasonal)
- Seizure Questionnaire
- Everything Listed in Health Section Above
- Physician Medication Release Form (if medication is to be administered at school)
- Parent Request Form (if medication is to be administered at school)
- Parent/Guardian Permission to Release Confidential Information

MENTAL HEALTH/SOCIAL SERVICES (if checked, page 2 must be completed)

- ASQ-SE
- Ages & Stages Questionnaire Social-Emotional Screen (Early Head Start only)
- Other Mental Health Supportive Documentation
- Postpartum Depression (for Early Head Start Moms)
- Parent/Guardian Permission to Release Confidential Information

SPECIAL EDUCATION (if checked, page 2 must be completed)

- ASQ
 - ASQ-SE
 - I.E.P. (for Preschool if available)
 - I.F.S.P (for Early Head Start only if available)
 - Parent/Guardian Permission to Release Confidential Information
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Pre-Referral Checklist for Intervention Support

Child: _____

Classroom: _

Teacher: _____

Date: _____

Specific Concern:

General Checklist	Completed	Comments
I have a schedule for children posted at their eye level with pictures and words.		
I have a visual schedule and I am using it daily.		
I have introduced classroom/area specific expectations.		
Shelves are labeled with pictures and words to show children where things go.		
I plan transitions to be as few, brief and safe as possible which include opportunities for learning.		
When I bring new things into the classroom, I show children (introduce them) including <i>expectations</i> for use.		
I've identified and addressed Hot and Cold spots in my indoor and outdoor environment.		Hot spots strategies: Cold spot strategies:

Checklist for Specific Child	Completed	Comments
I have completed the ASQ and ASQ-SE for this child.		
I know this child's strengths.		Child's strengths:
I know what this child likes to do.		Favorite Activities:
I have planned activities and developed goals using the child's strengths and things he/she likes to do.		Activities:
I have completed BORs in both difficult times and times of success.		
I have identified triggers, form, function, challenges.		
I have discussed behaviors and possible solutions with my teaching team.		Suggestions:
I have discussed possible strategies with the parents.		Suggestions:

*To be completed & submitted for all Mental Health and Special Ed. Request for Follow-up Services