

Enrollment Tracking Form



Child's Name:			FSW:		Location ID:	Date:		
For FSW: I have forwarded child's file to Site Supervisor on								
					Date			
For Site Supervisor: File returned to FSW for follow-up on							·	
F 0'								
For Site Supervisor: I have forwarded file to classroom Teacher on								·
For Te	acher: I r	eviewed	file on	, and the start date given to the family is				
			Date		0	,		
Indicated date child can start								
If child does not start on above date, FSW will call parent and document reason on Contact Form. If after three (3) days child does not start and no contact from family, file is stored and another family is contacted for enrollment according to selection criteria. Family will remain eligible for enrollment based on timeline of documents provided per Head Start/ State funding. Note: Place form in Section 2 Family Contact								
Contact						Follow-	Follow-Up	Staff
Date	Codes	Code	(include name of s	source document if applica	able)	Up Needed Y or N	Completed Date	Initials
						OG/FU		

CONTENT CODES:

CONTACT CODES:

- CM: Case Management
- D: Disability
- DN: Dental
- ED: Education
- ENR: Enrollment
- FPA: Family Partnership Agreement
- H: Health
- MH: Mental Health
- O: Other
- OG: On-going
- PI: Parent Involvement
- SCOE: Sacramento Co. Office of Ed.
- SS: Social Services
- WNL: Within normal limits

- C: Center
- E-M: E-mail
- F: Fax
- HV: Home Visit
- M: Mail
- P: Phone