

**ELKHART AND ST. JOSEPH COUNTIES HEAD START CONSORTIUM
FACS CLASSROOM FILE CHECKLIST
2023-2024**

Child's Name: _____

Enrollment Date: ___/___/___

FACS:

_____ Family Services Case Notes print monthly report 4110

() Family information () Case worker Notes () Family services () FPA Notes () Family events /events/actions

_____ Family Outcomes

Beginning Date ___/___/___ Middle Date ___/___/___ End Date ___/___/___

Score _____ Score _____ Score _____

_____ Family Partnership Agreement (FPA) **Must be completed within 30 Days of Enrollment**

Initial FPA Date ___/___/___ Follow-up ___/___/___ Completion Date ___/___/___

Follow-up ___/___/___ (If applicable)

_____ Referrals

() Social Services () Health () Additional Assistance request () S.T.E.P () Triple P

_____ Family Needs Assessment

_____ Face to Face Parent Contact Checklist

_____ Parent Guide Receipt

_____ Parent Commitment

_____ Volunteer Form

_____ Fatherhood