

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

Child's Name: _____ **Enrollment Date:** ____/____/____

STAFF:

_____ Screening Summary

_____ Height and Weights Assessments 1st _____ 2nd _____ 3rd(EHS) _____

*Birth-24 months =Report 3411(weight & length)

*2 yrs-5 yrs of age =Report 3410 (stature & weight)

Medical:

_____ Vision 1st Date _____ Follow up Date (if applicable) _____ Glasses: ()Yes ()No

Lions Club: ()Yes ()No Well Child Exam: ()Yes ()No HS/EHS Staff: ()Yes ()No

_____ Hearing 1st Date _____ Follow up Date (if applicable) _____

School Provider/Specialist:()Yes ()No Well Child Exam:()Yes ()No HS/EHS Staff:()Yes ()No

Developmental:

_____ Speech 1st Date _____ Follow up Date (if applicable) _____

_____ Denver 1st Date _____ Follow up Date (if applicable) _____

_____ DECA: Teacher Date: _____

Parent Date: _____

_____ COR report 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date _____
with portfolio items: 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date _____

Checklist ALL – HEAD START (Self-portrait, Family Portrait, Writing Sample, Dictate Book Report)

EHS/EHS-CCP (hand & Footprint, Artwork (Toddler ONLY), Print Sample (Scribble (Toddler ONLY))

_____ Letter ID: 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date _____

_____ Developmental Milestones 1st Date _____ 2nd Date _____
(EHS/EHS-CCP Only)