

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

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

Mental Health/Disabilities/Social Services:

- _____ Social/Emotional Survey
- _____ Speech Reports/First Steps Summary
- _____ IEP/IFSP (if applicable)
- _____ Copies of Student Assistant Team, SAT (if applicable)
- _____ Parent Consent Form
- _____ Behavioral Plan (if applicable)
- _____ Behavioral Plan report
- _____ Mental health Referral
- _____ Therapist Notes (if applicable)

Education:

- _____ Child's Individual Plan 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date _____
with Signatures and Date
- _____ Home Visit Conference Verification Form 1st Date _____ 2nd Date _____
- _____ Parent Teacher Conference Verification Form 1st Date _____ 2nd Date _____
- _____ Cumulative Information (if applicable)

- _____ Safety Sam Certificate
- _____ Child/Family Cultural Profile and Home Language Survey
- _____ Social/Emotional Survey