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

2023-2024

Child's	Name:	Enrollment Date: _	//
Mental H	Iealth/Disabilities/Social Services: Social/Emotional Survey Speech Reports/First Steps Summary		
	IEP/IFSP (if applicable)		
	Copies of Student Assistant Team, SAT (if applicable	le)	
	Parent "Frustration Letter"		
	Behavioral Plan (if applicable)		
	Behavioral Plan report		
	Mental health Referral		
	Therapist Notes (if applicable)		
Educatio	n:		
	Child's Individual Plan 1st Date 2nd with Signatures and Date	d Date 3rd Date	4th 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 S	Survey	

Revised 6/5/2023 **Tab 7**