

# Child File Summary

CHILD'S NAME: \_\_\_\_\_ Entry Date: \_\_\_\_\_

## TEACHER/PRIMARY CAREGIVER: \_\_\_\_\_

<b><u>Enrollment</u></b>	Child's DOB:	Primary Language:
Guardian 1: Name:		Phone Number:
Guardian 2: Name:		Phone Number:
Custody Order: Y/N		Restraining/Court Order: Y/N
Permission to Share (list people):		
Facebook: Y/N	Learning Genie: Y/N	
Other:		

<b><u>Health</u></b>				
Allergies: Y/N	Diet Order: Y/N	Health Plan: Y/N	Sunscreen: Y/N	
Naps: Y/N	Diapers: Y/N Size:			
Other:				

<b><u>Education</u></b>	Returning Child: Y/N	Original Entry Date:	Next Year Placement: EHS/HS/TK/K
ASQ-SE Date:		ASQ-3 Date:	
Score:		Score:	
Ok/Rescreen/Refer		Ok/Rescreen/Refer	
Follow-up:		Follow-up:	

<b><u>Child Goals</u></b>		
Measure Number:		Current Level:
Measure Number:		Current Level:

<b><u>Disabilities</u></b>	IFSP: Y/N	IEP: Y/N	BORs Filed: Y/N	Teacher Support Planning Sheet: Y/N
CST: Y/N	PBS: Y/N	Referral: Y/N	Date:	
Parent Concerns:				
Other:				

<b><u>Family Services</u></b>	Dual Enrolled Family: Y/N	If yes, Center/HV:
Family Goals:		