Shasta Head Start
CHILD DEVELOPMENT, INC.

Child File Summary

CHILD'S NAME: _____ Entry Date: _____

TEACHER/PRIMARY CAREGIVER: _____

Enrollment Child's DOB: Primary Language:

Guardian 1 Name: Phone Number:

Guardian 2 Name: Phone Number:

Custody Order: Y/N Restraining/Court Order: Y/N

Other:

Health

Allergies: Y/N Diet Order: Y/N Health Plan: Y/N Sunscreen: Y/N

Naps: Y/N Diapers: Y/N Size:

Permission to Share (list people):
Facebook: Y/N Learning Genie: Y/N

Other:

Education 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:

Child Goals		**Updated Goals**	
Measure Number:	Current Level:	Measure Number:	Current Level:
Measure Number:	Current Level:	Measure Number:	Current Level:

Disabilities IFSP: Y/N IEP: Y/N CST: Y/N PBS: Y/N Referral: Y/N Date:

Parent Concerns:

Other:

Family Services Dual Enrolled Family: Y/N If yes, Center/HV:

Family Goals: