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
Permission to Share (list people):

Facebook: Y/N   Learning Genie: 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:

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   BORs Filed: Y/N   Teacher Support Planning Sheet: 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: