

## SEQUATCHIE VALLEY HEAD START STAFFING FORM

CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SITE/CLASSROOM: \_\_\_\_\_

STAFF PRESENT: \_\_\_\_\_

Dual Language Learner <input type="checkbox"/>	Stage <b>1 2 3 4</b>
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DEVELOPMENTAL				SPEECH					
<input type="checkbox"/> NONE  <input type="checkbox"/> YES	<b>CONCERN:</b> <hr/> <b>PLAN:</b>			<input type="checkbox"/> FLUHARTY COMPLETE  <input type="checkbox"/> REFERRAL					
DISABILITY									
Special Education Certified <input type="checkbox"/> YES <input type="checkbox"/> NO		SPECIAL EDUCATION REFERRAL <input type="checkbox"/> YES/DATE: <input type="checkbox"/> NO		<b>CONCERN:</b>					
HEALTH									
<input type="checkbox"/> NONE  <input type="checkbox"/> YES		VISION DENTAL PHYSICAL MEDICATIONS	COMMENT: <hr/> <hr/> <hr/>	IMMUNIZATION LEAD/HCT/HGB HEALTH PLAN ASTHMA/ALLERGY	COMMENT: <hr/> <hr/> <hr/>	<b>TRACKING</b> <input type="checkbox"/> YES			
NUTRITIONAL									
<input type="checkbox"/> NONE <input type="checkbox"/> YES		BMI <input type="checkbox"/> NORMAL <input type="checkbox"/> _____		Special Diet <input type="checkbox"/> Yes <input type="checkbox"/> NO		<b>CONCERN:</b>			
MENTAL HEALTH									
<input type="checkbox"/> DECA COMPLETE		<input type="checkbox"/> TYPICAL		<input type="checkbox"/> BEHAVIOR PLAN/AREAS:  <input type="checkbox"/> CONCERN:					
FAMILY PARTNERSHIP									
<b>FAMILY PARTNERSHIP AGREEMENT COMPLETE</b>  <input type="checkbox"/> YES  <input type="checkbox"/> NO		<b>ARE THERE ANY NEEDS IDENTIFIED?</b>  <input type="checkbox"/> YES  <input type="checkbox"/> NO		<b>TRACKING</b> <input type="checkbox"/> YES  <input type="checkbox"/> NO		<b>ARE THERE ANY CURRENT PROBLEMS?</b> <input type="checkbox"/> ATTENDANCE <input type="checkbox"/> TRANSPORTATION <b>EXPLAIN:</b> _____		<b>ARE THERE ANY FAMILY CONFLICTS AFFECTING THE CHILD'S HOME LIFE (DIVORCE, CUSTODY, ETC)?</b>  <input type="checkbox"/> NO  <input type="checkbox"/> YES /EXPLAIN: _____	
PARENT PARTICIPATION									
<b>HAS THE PARENT (S) PARTICIPATED IN ANY WAY? CHECK ALL THAT APPLY.</b>		<input type="checkbox"/> PARENT MEETING  <input type="checkbox"/> POLICY COUNCIL		<input type="checkbox"/> CLASSROOM VOLUNTEER  <input type="checkbox"/> FIELD TRIP		<input type="checkbox"/> BOOK- A- NIGHT  <input type="checkbox"/> PARENT/CHILD SCHOOL READINESS ACTIVITY		<input type="checkbox"/> TRANSPORTATION  <input type="checkbox"/> OTHER:	

\*\*Note: To complete staffing on late enrolled children; request a computer report of the child's health/development assessment results. It is highly recommended a management staff be present.

