

SEQUATCHIE VALLEY HEAD START SOCIAL SERVICES TRACKING FORM

Only one need/service requiring follow up is to be documented per form

Child's Name: _____ Center: _____
 Parent/Guardian's Name: _____ Date need identified: _____
 Staff initiating form: _____

What is the need requiring specific follow up (referral, service, or appointment)?

Please circle one:

- | | | | |
|--------------------|--------------|-----------------|-------------|
| Attendance | Food | Education | Other _____ |
| Budget | Health | Medical Care | |
| Child Abuse | Housing | Parenting | |
| Clothing | Heating | Substance Abuse | |
| Counseling | Home Visit | Skills Training | |
| Child Sexual Abuse | Job Training | Transition | |
| Employment | Literacy | Holiday Help | |

What is the goal of the follow up action? _____

Projected completion date: _____ Actual completion date: _____

| | <u>Date</u> | <u>Time spent on contact (hr./min.)</u> | <u>Contact</u> <small>Phone, home visit, ctr.</small> |
|--------------------|-------------|---|--|
| 1) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 2) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 3) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 4) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |

Management Staff signature to indicate goal was met/completed: _____

| | <u>Date</u> | <u>Time spent on contact</u> | <u>Contact</u> Phone, home visit, ctr |
|--------------------|-------------|------------------------------|--|
| 1) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 2) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 3) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 4) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 5) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 6) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 7) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |
| 8) Follow up entry | _____ | _____ | _____ |
| Summary: | _____ | | |
| _____ | | | |