

## SEQUATCHIE VALLEY HEAD START STAFFING FORM

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

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

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

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

<b>DEVELOPMENTAL</b>		<b>SPEECH</b>	
<input type="checkbox"/> NONE <input type="checkbox"/> YES	CONCERN: _____ PLAN: _____	<input type="checkbox"/> FLUHARTY COMPLETE <input type="checkbox"/> REFERRAL	
<b>DISABILITY</b>			
Special Education Certified <input type="checkbox"/> YES <input type="checkbox"/> NO	SPECIAL EDUCATION REFERRAL <input type="checkbox"/> YES/DATE: _____ <input type="checkbox"/> NO	CONCERN: _____	
<b>HEALTH</b>			
<input type="checkbox"/> NONE <input type="checkbox"/> YES	VISION DENTAL PHYSICAL MEDICATIONS	COMMENT: _____	IMMUNIZATION LEAD/HCT/HGB HEALTH PLAN ASTHMA/ALLERGY
<b>NUTRITIONAL</b>			
<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	CONCERN: _____
<b>MENTAL HEALTH</b>			
<input type="checkbox"/> DECA COMPLETE	<input type="checkbox"/> TYPICAL	<input type="checkbox"/> BEHAVIOR PLAN/AREAS: <input type="checkbox"/> CONCERN:	
<b>FAMILY PARTNERSHIP</b>			
FAMILY PARTNERSHIP AGREEMENT COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE THERE ANY NEEDS IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TRACKING <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE THERE ANY CURRENT PROBLEMS? <input type="checkbox"/> ATTENDANCE <input type="checkbox"/> TRANSPORTATION EXPLAIN: _____
<b>PARENT PARTICIPATION</b>			
HAS THE PARENT (S) PARTICIPATED IN ANY WAY? CHECK ALL THAT APPLY.	<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 ACTIVITY <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER:
ARE THERE ANY FAMILY CONFLICTS AFFECTING THE CHILD'S HOME LIFE (DIVORCE, CUSTODY, ETC)? <input type="checkbox"/> NO <input type="checkbox"/> YES /EXPLAIN: _____			

\*\*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.