

STAFFING FORM

Child's Name: _____ Date: _____
Staff Present: _____

Developmental Concerns: None ___ Yes ___ (specify)

Health Concerns: None ___ Yes ___ (specify)

Nutrition Concerns: None ___ Yes ___ (specify)

Family / Social:

- 1. Family Partnership Agreement completed? Yes ___ No ___
- 2. Are needs identified from FPA meeting? Yes ___ No ___
- 3. Is Tracking completed? Yes ___ No ___
- 4. Are there any family conflicts affecting child's home life (divorce, custody problems, etc.)?

5. Are there any current attendance or transportation problems?

Disability: Certified? Yes ___ No ___ Referred? Yes ___ No ___

Mental Health: _____
Concerns: _____

New tracking forms started from this meeting: (copy of new tracking to HSO for appropriate manager)

1	3	5
2	4	6

Parent Participation: Has parent attended meetings? Yes ___ No ___ If so, how many? ___
 Parent volunteered in classroom? Yes ___ No ___ If yes, how many times? ___
 Parent volunteered any other way? Yes ___ No ___ If yes, how & how often? ___

*If staffing a late enrolled child is done after the formal scheduled staffing, center staff need to request a computer report of the child's health/developmental assessment results for review at the staffing meeting. It is highly recommended that a management staff member be present for the staffing.