

ECD/ DISABILITIES/ MENTAL HEALTH CHECKLIST
Early Head Start
MIDDLE RIGHT SIDE

Children FORMS	SITE VISIT	REVIEW	FOLLOW-UP			CLOSURE
	DATE:					
	STAFF:					
DISABILITIES TRACKING FORM (IF CHILD IS DIAGNOSED WITH DISABILITY)						
IFSP (IF CHILD IS DIAGNOSED WITH DISABILITY)						
CASE CONFERENCE FORM (IF APPLICABLE)						
INITIAL ASQ SCREENING (completed within 45 days)						
REFERRAL FOR DISABILITIES (IF APPLICABLE)						
CREATIVE CURRICULUM ASSESSMENT (HOME BASED FILES ONLY)						
ASQ/SE SCREENING (completed within 45 days)						
REFERRAL FOR ASQ						
REFERRAL FOR DEVELOPMENTAL CONCERN						
REFERRAL FOR ASQ/SE						
REFERRAL FOR MENTAL HEALTH (if applicable)						
RED DOT						

Pregnant Women FORMS	SITE VISIT	REVIEW	FOLLOW-UP	CLOSURE	OTHER
	DATE:				
	STAFF:				
HOME VISIT PLANNING FORMS					
REFERRAL FOR MENTAL HEALTH					

Key:

1	Form is in place and complete	9	Expired Form/ Not current
2	Form is Missing	10	Not Applicable
3	Form not in Proper Sequence	11	Missing Date
4	Form is Missing Center Manager's Signature	12	Follow-up Needed
5	Form is Missing Family Advocate's Signature/ Initials	13	Missing Family Identification Number
6	Form is Missing Head of Household's Signature/ Initials	14	Provider Signature Missing
7	Incomplete/Information Missing	15	Purpose of entry not identified / highlighted
8	Information not inputted into PROMIS database		