

Record Relocation Check Sheet

Child's Name: _____

Delegate Program Sending Records: _____

Staff Completing Record Relocation Check Sheet: _____

The checklist below must be completed on any child that leaves your program and enrolls in another program in order to verify that the information was successfully moved from one program to another.

Additional Comments:

Child's Name:	YES	NO	Comments
Record of Disclosure			
Application			
Income Verification			
Emergency Contact Info			
Birth Certificate			
Health History			
Insurance / Medical Info			
Per. For Emerg. Treatment			
Program Permission			
Physical			
HCT (10 - 14.9)			
Blood Press. (110 / 70 or <)			
Immunization			
TB Risk Assessment			
HT / WT Graph (<5% or >95%)			
Vision Exam			
Permission for vision travel			
Vision Screening			
Hearing Screening			
Dental History / Consent			
Dental Refusal			
Dental Treatment			
Dental Exam			
Per. For Dental Travel			
Screening Results on COPA			
Observation of Health			
Developmental Screen			
Speech Screen			
Social / Emotional Questionnaire			
DECA Social Emotional Assessment			
Parent Teacher Conference # 1			
Education Home Visit			
Individual Education Plan			
Child visits on COPA			
Parent Curriculum Input			
Travel Field Trip			
Examples of Childs work			
*Creative Curriculum Child Info Transferred			
Family Assessments			
Family Partnerships			
Family Contacts / FSW contacts			

