Head Start

"Building partnerships, changing lives"

CSNT — Community Services of Northeast Texas, Inc.

File Information Checklist

_____ _____ _____

(Child's Name)   (**CP ID #**)   **(Head Start Campus)**

_____**Mental Health File**   _____**Special Services File**

_____ Entered Program with IEP/IFSP – See ISD paperwork

_____ Confidential Sign In

_____ Child Find (required in all files)

_____ Special Services Only – Referral Packet

_____ Notification from ISD / Provider
    _____ ARD Summary
      _____ IEP/IFSP
      _____ARD Sign in Sheet
    _____ IFSP
    _____ MH Provider
    _____ Outside Agency
    _____ Progress Notes

_____ Other _____