

APPENDIX C

TRACKING SHEETS

SAMPLE TRACKING SHEET

FOR ALL CHILDREN IN THE PROGRAM:

CHILD ID	ENROLLMENT DATE	SCREENING DUE	SCREENING RESULTS	HEALTH RECORD DUE	HEALTH RESULTS	ACTION STEPS	TIMELINE	RESPONSIBLE PARTY

FOR CHILDREN REFERRED:

CHILD ID	REFERRAL DATE	PLACE WHERE CHILD WAS REFERRED	EVALUATION FINDINGS	EVALUATION MEETING DATE	CHILD ACTION PLAN	TIMELINE	RESPONSIBLE PARTY

FOR CHILDREN DETERMINED TO BE ELIGIBLE FOR IDEA SERVICES:

CHILD ID	IFSP/IEP PLANNING MEETING	MEETING ATTENDEES	IFSP/IEP REVIEW	COMMENTS	TIMELINE	RESPONSIBLE PARTY

FOR CHILDREN DETERMINED NOT TO BE ELIGIBLE FOR IDEA SERVICES:

CHILD ID	DATE	CHILD ACTION PLAN	SECTION 504 PLAN/OTHER REFERRAL	COMMENTS	TIMELINE	RESPONSIBLE PARTY

**MEETING SCHEDULE: NOTE THE CHILD'S NAME OR ID AND THE MEETING DATE.
ALSO, ADJUST THE MONTHS ACCORDING TO YOUR ENROLLMENT YEAR.**

MONTH	TEAM REVIEWS EVALUATION RESULTS	PRELIMINARY EVALUATION MEETINGS	ELIGIBILITY MEETINGS	IEP/IFSP PLANNING MEETINGS	SECTION 504/ CHILD ACTION PLAN MEETINGS	EVALUATION MEETINGS	TRANSITION MEETINGS
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							
July							