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| **REVIEW and SIGN** | **COMPLETE** |
| Parent Consent and Family Partnership Agreement (Use the correct program option, HS/EHS) |  |
| In-kind Tracking (For medical appointments time and mileage, etc. Use Volunteer Monthly Time Sheet for volunteering in the classroom, material prep, field trip, parent meeting, family engagement, PTC, Home Literacy, Home Activity) |  |
| Child Health History |  |
| MDE Parent Release |  |
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| **SEND HOME with PARENT** | |
| Attendance Poster |  |
| Staff and Volunteer Mandated Reporting Policy |  |
| School Readiness Begins with Health |  |
| Health Requirement Handout |  |
| Pedestrian Safety |  |
| Home Safety Checklist (Possible Support for Goal Setting) |  |
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| **AS NEEDED** | |
| Other Parent Contact Information |  |
| Emergency Care Plan |  |
| Disclosure with Parental Consent |  |
| Getting to Know Your Child and Family |  |
| 3 Year Old Waiver (for Preschool Classrooms Only) |  |
| ESI-R Parent Questionnaire (for HS only, returners may not need them if completed last year) |  |
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| **FOR RETURNING CHILDREN** | |
| Check the Disclosure with Parental Consent expire date and Sign new one if expired |  |
| Check the Release of Health expire date and Sign new one if expired |  |
| Check the Release of Oral Health expire date and Sign new one if expired |  |
|  | |
| **FOT/Home Practice Survey/Family Partnership Agreement and Goals** | |
| FOT Needs Assessment and the Home Practice survey will be online surveys and links sent to parents. Due by December 1st and data entered into CP by January 8th |  |
| Family Partnership Agreement and Goal Setting will be done with families over the phone or as a zoom meeting for CC. Due December 1 or no more than 3 months after their date of enrollment. |  |