

Education Services-Child Tracking/Audit Form (Yellow File)

Child's Name:			Center:	
Yellow File	Child Plus	Item(Documentation on File)	Teacher Initials/Date	Notes
		Initial Home Visit		
		Personal Safety (Consent)		
		Curriculum/Parent Questionnaire		
		First Parent-Teacher Conference-(October)		
		Second Parent-Teacher Conference-(February)		
		End of the Year Home Visit		
		Copies of IEP (If applicable) IEP Date:		
Employee Name:		Date:	Notes	

Notes/Concerns/Referrals/Follow-Up Needs:
