Child Tracking Form

Classroom:_____

Child's Name	DOB	Enrollment/Entry Date	Withdrawl/Transfer Date	Reason	Physical	Lead	Blood Pressure	Dental	Initial Home Visit	Heights and Weights	Vision	Brigance	Fluharty	TABS	Initial Health and Behavior	Hearing	Education Referral	Soc./Emot. Ref.	IEP

Child Tracking Form

Classroom:_____

Child's Name	Curriculum/Parent Questionnaire	LAP-3/School Readiness Begin	1st Parent/Teacher Conference	LAP-3 Class Grouping Fall	Portfolio Fall	Heights and Weights (Feb)	Health and Behavior (Feb)	LAP-3/School Readiness Mid	2nd Parent/Teacher Conference	LAP-3 Class Grouping Winter	Portfolio Winter	LAP-3/School Readiness End of Year	LAP-3 Class Grouping Spring	Portfolio Spring	End of Year Home Visit	Flagged

Child Tracking Form

Classroom:_____