

RCCDC Application Check List

Center: _____

PID: _____

Child's Name: _____ DOB: _____ Current Status: _____

Parents' Names: _____ Family Type: _____ Primary Lang: _____

Eligibility: Foster Care Homeless SSI TANF SNAP

Referred to EHS/HS by: DCFS EarlySteps/LEA Doctor Other: _____

Previous educational setting? Childcare Center Preschool Other: _____

How was the child's experience there? _____

Does this child have any of the following?

EarlySteps Evaluation/IFSP LEA Evaluation/IEP

Private Evaluation: Provider: _____

Allergies and/or Food Intolerances: List: _____

Menu Revision Needed

Medical Conditions: List: _____

Health Care Plan Needed

Do the Parents/Guardians have concerns about any of the following?

Eating Sleeping Speaking Hearing Vision Toileting

Do the Parents/Guardians have concerns about any of the following behavior &/or social skills?

Interacting with others Separating from parent Expressing needs/wants

What are this child's strengths and interests?

Parental Consent Obtained: YES NO List of Records Requested:

Date Center Staffing Held: _____ Specialist Staffing Needed: YES NO

Center Manager Signature: _____ Date: _____