

Spokane County Head Start / ECEAP/EHS RECORDS REQUEST

Child's name			Date forwarded	
		Certificate of Immunization Status or Exemption Child Individual Plan (Home Visit/Conference Forms)	Enclosed is the information you requested. As a policy, we forward the first seven (7) items, if available, in response to a written request for confidential records.	
	3.	Creative Curriculum Checklist	 If additional records are required, the parent must specifically request such records in writing. Third party documents that may be in the child's file should be obtained from the 	
	4.	Infant/Toddler Progress Record		
	5.	Child Developmental History		
	6.	End of the Year Health Summary		
	7.	ESI Screening	original source. Examples of third party documents are physical exams, dental	
	8.	Denver II Screening	exams, and Individualized Education Program (IEPs), Individualized Family	
	9.	Health, Dental and Diet History	Service Plan (IFSP).	
	10.	Agreement Form		
	11.	Application		
	12.	Authorization to Disclose and Receive Information		
	13.	Consent for Screening, Assessment, and Exchange of Information		
	14.	Consent for Mental Health Services		
	15.	Family Services Documentation		
	16.	Fluoride Permission		
	17.	FSPA/Family Goals Worksheet		
	18.	Growth Charts		
	19.	Income Statement and Eligibility Verification Form		
	20.	Release and Emergency Treatment Authorization		
	21.	Well-Child Examination Record		
	22	Dental Examination Record		

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