



Spokane County Head Start/ECEAP/EHS DST CLASSROOM/FAMILY DOCUMENTATION

Child _____ DST _____ Site/class _____

Date Month/Day/Year	Contact Code	Referral Close Date	Topic:	DST Family Documentation

CONTACT CODES PC = Parent contact CC = Community contact DST = Direct Service Team contact R = Referral F/U = Follow up (to referrals)	POSSIBLE TOPIC WORDS Registration Attendance Cs. Mgt. Home visit Health Parent conf. Dental Education Nutrition Mental health	Housing Employment Legal Immunizations IEP	DOCUMENTATION ABBREVIATIONS P/C = Phone call DE = Dental exam HV = Home visit PE = Physical exam Ref = Referral Appt = Appointment F/U = Follow up W/ = With
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