

# Spokane County Head Start /ECEAP/EHS TRANSFER NOTES

Individual completing this form \_\_\_\_\_ Date \_\_\_\_\_

**I. DST Information**

Sending DST: FSC \_\_\_\_\_ Teacher \_\_\_\_\_

**II. Family Information**

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/guardian's name \_\_\_\_\_

Transfer from: Site/Room \_\_\_\_\_

Interpreter needed  Yes Language \_\_\_\_\_

FSPA/Goals Worksheet in file  Yes  No

**III. Health/Special Services**

IHP:  Yes \_\_\_\_\_

Food Allergies:  Yes \_\_\_\_\_

Immunizations due:  Yes \_\_\_\_\_

IEP/IFSP:  Yes \_\_\_\_\_

Please select:  Vision  Hearing  Ht-Wt Due by \_\_\_\_\_

WCP/PE:  Yes Date \_\_\_\_\_

Dental Exam due:  Yes Date \_\_\_\_\_

**IV. Enrollment Eligibility**

Program Year in Head Start \_\_\_\_\_

Eligibility Due:  Yes Date \_\_\_\_\_

Information Needed: \_\_\_\_\_

\_\_\_\_\_

**V. Legal**

Please select:  Restraining Orders  Protective Orders  No Contract Order  Yes

CPS Involved:  Yes  No

**VI. Other information**

(referrals/services/follow-up in process...agencies to contact...priorities/needs, etc.)