Stanislaus County Office of Education
Tom Changnon, Superintendent

Child & Family Services

Tony Jordan, Executive Director
1100 H Street • Modesto CA 95354 • (209) 238-1800 • FAX (209) 238-4217

Child Information Sheet

Child's Name: _____ DOB: _____ Location: _____

Please answer all questions below to the best of your ability. The purpose of this information sheet is to provide the necessary support for you and your child during your enrollment in our program.

If you answer "Yes" to any of the following questions, please specify/explain.

Yes	No	Social/Emotional and Developmental
☐	☐	Does your child have a current IFSP or IEP? _____
☐	☐	Do you have any concerns regarding your child's development? _____
☐	☐	Does your child receive services provided by a Mental Health Professional? _____
☐	☐	Does your child receive services provided outside of the Head Start Program? _____
☐	☐	Does your child need any special accommodations while attending our program? (i.e., catheter, G-tube, glasses, leg braces, etc.) _____
☐	☐	Have you or your child recently experienced a traumatic event? _____
☐	☐	Is your child toilet trained? _____

Yes	No	Health and Nutrition
☐	☐	Does your child have any allergies? _____
☐	☐	Does your child have any special dietary needs? _____
☐	☐	Will your child need medication during program hours (i.e., inhaler, Epi-Pen, etc.)? _____
☐	☐	Do you have any other medical concerns about your child? _____
☐	☐	Please share any other concerns or observations you may have: _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Management Signature: _____ Date: _____

Date given to health/disability or appropriate staff: _____

Distribution: White: File Yellow: Appropriate Staff