# Great Start Readiness Program
# Children's Record Review Form

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|---|---|
| **ISD:** | |
| **Subrecipient:** | |
| **Site:** | |
| **Teacher:** | |
| **Person Completing this Document:** | |
| **Date:** | |

| Child's Name | | | Proof of Age Age 4 on or before Sept. 1st. (September 2nd - December 1st acceptable) Document: legal birth certificate, passport, hospital record, baptismal record, or other | Eligibility Guideline Code | Risk Factors Enter Numbers. | Documentation of Partnership in Child Development From parent contacts. | Home Visit Dates Also review time. | Parent Teacher Conference Dates Also review time. | Referrals to Meet Child or Family Need Enter Date and Concern. | Dev Screening Enter Date. Note when multiple tools are present. | Child Assessment | | Individualized Planning |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Last Name** | **First Initial** | | | | | | | | | | Anecdotes Record unique features, e.g., quantity, quality, connection to dev screening results or referrals. | Portfolio Note teacher vs child-initiated work | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |

| Key for Income Eligibility |
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| **E** = GSRP Income Eligible |
| **OI** = Over Income |
| **HSR** = Head Start Eligible, Referral on File |
| **HSNR** = Head Start Eligible, No Referral on File |
| **ND** = No Documentation Found |

| Key for Risk Factors | |
|---|---|
| 1 = Low Family Income | 5 = Parent(s) with low educational attainment |
| 2 = Diagnosed disability or identified developmental delay | 6 = Abuse/neglect of child or parent |
| 3 = Severe or challenging behavior | 7 = Environmental Risk |
| 4 = Primary home language other than English | 8 = None Found |

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