



**FAMILY FACTORS:**

Home, Child Care \_\_\_\_\_

Access to Health Care \_\_\_\_\_

Family Members \_\_\_\_\_

Resources &amp; Needs \_\_\_\_\_

**COMMENTS:****EARLY EDUCATION EXPERIENCES:****SUMMARY:** (The child's strengths and needs may be recorded here.)**PRIORITIES:****REFERRALS & RESOURCES****TIMELINE****DENTAL:****IMMUNIZATIONS:**

Refer for Initial Visit

Given On Site \_\_\_\_\_

Referred \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent\_\_\_\_\_  
Signature of Summary Interviewer/Position\_\_\_\_\_  
Telephone Number

## Copies Distributed To:

\_\_\_\_ Parent

\_\_\_\_ Health Care Provider (with consent)

\_\_\_\_ School District Pupil Health Record (with consent)

**FOLLOW-UP:**Mail this form and  
The Registration Form  
Back to:Early Childhood and Family Learning Center  
110600 Village Road  
Chaska, MN 55318  
Attn: Carol Brenton