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| --- | --- |
| **Licensing issues/outstanding NOSF items** |  |
| **Mental Health** (frequency, therapy type, comments, dates) |  |
| **Family Visits** (with whom, frequency, type, comments, dates) |  |
| **School** (Academic/Behavioral progress, school, grade, IEP) |  |
| **Daycare** (where and comments) |  |
| **Medical Appointments** (KBH, Dental, Vision, other) |  |
| **Medications** |  |
| **Life Book Additions** |  |
| **Life Skills** (4 years and older) |  |
| **Recreational Activities/Community** |  |
| **Respite** |  |
| **Child’s Voice** |  |
| **Child’s Milestones** |  |
| **Safety Plan Reviewed/Safety Issues Discussed** |  |
| **Self Care Plan Reviewed** |  |
| **Respite/Critical** |  |

Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_