

Family File Access Log

Name of Family: _____

Please sign when:

- Center staff check out all or part of file
- Center Director or Grantee reviews file
- Parent reviews file
- Other professionals review file

Date	Name	Date	Name

Family Contacts

Contact	Date	Staff Initial
1. Family Support Enrollment Contact (best practice is face to face)		
2. Family Support Goal Setting Contact (best practice is face to face)		
3. Family Support Goal Setting Update Contact (best practice is face to face)		
4. Family Support Transition Contact		
5. Child Development Enrollment Visit *		
6. Child Development Assessment Visit (fall) *		
7. Child Development Assessment Visit (winter) *		
8. Child Development Assessment Visit (spring - full day only) *		
9. Child Development Assessment Visit (summer/full day only) *		
10. Child Development Transition Visit *		

**At least two of these must be done in the home*

Staffings

Staffings Completed	Date
First Staffing (Overview)	
Second Staffing	
Third staffing	
Fourth staffing	

Initial Key

Staff Member (print name)	Initials