

Original Points

Total Points

2017-2018 Pepa Talosaga Toe Fo'i Mai**2017-2018 Returning Application**

Early Learning



(For Staff Use Only)

Date sent to ESD: _____

Center Location ID: _____

Vaega A: Faamatalaga o le Tamaitiiti

Faamatalaga o le Tamaitiiti	Igoa Muamua o le Tamaitiiti: _____ Mata'itusi Ogototonu: _____ Faai'u: _____
	Aso Fanau: _____ Itupā: <input type="checkbox"/> Tane <input type="checkbox"/> Fafine Telefoni: _____
	Tuatusi: _____
	Igoa ole Fale/Numera: _____ Aai: _____ Zip: _____

Vaega B: Faamatalaga Tau Soifua Maloloina ma le Tuputupu a'e

Faamatalaga o le Tamaitiiti	<input type="checkbox"/> Manavaga (Ma'i sela, RSV, RAD, nisi) <input type="checkbox"/> Ma'isuka <input type="checkbox"/> Ma'ilili <input type="checkbox"/> Faaletonu le Fatu
	<input type="checkbox"/> Alesia i Mea'ai (Iisi): _____ <input type="checkbox"/> Folofolo
	<input type="checkbox"/> Alesia e le o Mea'ai (Iisi): _____ <input type="checkbox"/> Nisi (Iisi): _____
	Pe o iai nisi ou popolega ile soifua maloloina o lou alo? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe
	A ioe, ia faailoga mea uma e talafeagai ai: <input type="checkbox"/> Fafagaina ma/poo mea'ai faapitua <input type="checkbox"/> Maulalo pauna fanau (5.5 lbs pe ititi ifo) <input type="checkbox"/> Faalogo <input type="checkbox"/> Nifo Tiga/Pala/Toto Tainifo
	<input type="checkbox"/> Vaai <input type="checkbox"/> Gasegase le Mafafau <input type="checkbox"/> Aafia i Fualau Faasaina/Avamalosi
	<input type="checkbox"/> Le Sao Mea'ai Nei (Iisi): _____ <input type="checkbox"/> Nisi tulaga faigata o le soifua maloloina (Iisi): _____
	Pe e iai se inisiua o togafitiga faafoma'i o lou alo? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe
A ioe, ole ā le ituaiga: <input type="checkbox"/> Apple Health/ProviderOne <input type="checkbox"/> Tu ma'oti <input type="checkbox"/> Soifua Maloloina Initia <input type="checkbox"/> Nisi: _____	
E iai se inisiua tau foma'i nifo a lou alo? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe	
A ioe, ole ā le ituaiga: <input type="checkbox"/> Apple Health/ProviderOne <input type="checkbox"/> Tu ma'oti <input type="checkbox"/> Soifua Maloloina Initia <input type="checkbox"/> Nisi: _____	
Po ua oo lau tamaitiiti i se (Faailoga mea uma ua oo i ai): <input type="checkbox"/> Faileaga/Tuulafoa'i <input type="checkbox"/> Tausiga Faatamafai sa lai <input type="checkbox"/> Faatonu e alu ese ma le nofoaga sa tausi ai ona o le amio	
Pe e iai se manaoga faapitua ile vaai o lou alo? (Faailoga mea uma e talafeagai ai): <input type="checkbox"/> Fuafuaga A'oa'oga Ta'ito'atasi (IEP) <input type="checkbox"/> Fuafuaga Tautua i Aiga Ta'ito'atasi (IFSP) <input type="checkbox"/> Se le atoatoa i le tino ua su'esu'eina	
<input type="checkbox"/> Resitala i se porokalama faauilavea i le Fanau Mai e oo i le 3 tausaga i le 6 masina talu ai nei	
E iai ni ou atugaluga e uiga i le tuputupu a'e o lau tamaitiiti? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe	
A ioe, ia faailoga mea uma e talafeagai ai: <input type="checkbox"/> Tautala/Faaleo (fai leo, faatua i le tautala, faigata ona malamalama ma/poo fita i le malamalama i isi tagata)	
<input type="checkbox"/> Gaoioiga Ma'oti (uu, tusiata, tusitusi ma/poo fai ona lavalava)	
<input type="checkbox"/> Amio (sasa/po, utia nisi, faatafiti faalii ma/poo le lē galue faatasi mai)	
<input type="checkbox"/> Gaoioiga Masani (savali, 'a'e, togi, vili, le pupula sa'o mai, aveesea o tomai)	
<input type="checkbox"/> Nisi atugaluga: _____	

Vaega C: Faamatalaga ole Aiga

E nofo le tamaitiiti ia: To'atasi le matua/matua tausi Matua e to'alua/ni matua tausi

Matua/Tausitama Faiā ile tagata o talosaga: Matua Fai Matua o matua Se tuafafine o matua/Se uso o matua

Matua na fanauina Matua na faatamafaiina Se isi to'alua o matua Nisi: _____

Faamatalaga o Matua/Matua Tausi	Matua/Matua Tausi <input type="checkbox"/> Tina <input type="checkbox"/> Tama <input type="checkbox"/> Nisi	Matua/Matua Tausi <input type="checkbox"/> Tina <input type="checkbox"/> Tama <input type="checkbox"/> Nisi
	Igoa: _____ Tuatusi – pe afai e ese mai le tamaitiiti: _____	Igoa: _____ Tuatusi – pe afai e ese mai le tamaitiiti: _____
	Telefoni Autū: _____ <input type="checkbox"/> Aiga <input type="checkbox"/> Fe'avea'i <input type="checkbox"/> Galuega <input type="checkbox"/> Poloa'i	Telefoni Autū: _____ <input type="checkbox"/> Aiga <input type="checkbox"/> Fe'avea'i <input type="checkbox"/> Galuega <input type="checkbox"/> Poloa'i
Telefoni Lonalua: _____ <input type="checkbox"/> Aiga <input type="checkbox"/> Fe'avea'i <input type="checkbox"/> Galuega <input type="checkbox"/> Poloa'i	Telefoni Lonalua: _____ <input type="checkbox"/> Aiga <input type="checkbox"/> Fe'avea'i <input type="checkbox"/> Galuega <input type="checkbox"/> Poloa'i	

Faamatalaga o Matua/Matua Tausi	Tuatasi Imeli:	Tuatasi Imeli:
	Aso Fanau: _____ / _____ / _____ Masina Aso Tausaga	Aso Fanau: _____ / _____ / _____ Masina Aso Tausaga
	Tulaga o A'oa'oga (faasa'o le maualuga na oo i ai) <input type="checkbox"/> Vasega 6 poo lalo ifo <input type="checkbox"/> GED <input type="checkbox"/> Vasega 7 <input type="checkbox"/> I'u mai a'oga maualuga <input type="checkbox"/> Vasega 8 <input type="checkbox"/> Kolisi/Luga a'e Toleniga <input type="checkbox"/> Vasega 9 <input type="checkbox"/> Tikeri Kolisi/Tusipasi Toleniga <input type="checkbox"/> Vasega 10 <input type="checkbox"/> Tikeri AA, AS, AAS <input type="checkbox"/> Vasega 11 <input type="checkbox"/> Tikeri o le Bachelor <input type="checkbox"/> Vasega 12 (Leai se tipiloma) <input type="checkbox"/> Tikeri Master	Tulaga o A'oa'oga (faasa'o le maualuga na oo i ai) <input type="checkbox"/> Vasega 6 poo lalo ifo <input type="checkbox"/> GED <input type="checkbox"/> Vasega 7 <input type="checkbox"/> I'u mai a'oga maualuga <input type="checkbox"/> Vasega 8 <input type="checkbox"/> Kolisi/Luga a'e Toleniga <input type="checkbox"/> Vasega 9 <input type="checkbox"/> Tikeri Kolisi/Tusipasi Toleniga <input type="checkbox"/> Vasega 10 <input type="checkbox"/> Tikeri AA, AS, AAS <input type="checkbox"/> Vasega 11 <input type="checkbox"/> Tikeri o le Bachelor <input type="checkbox"/> Vasega 12 (Leai se tipiloma) <input type="checkbox"/> Tikeri Master
	O le matua / tausitama i tiute faamiliteli toaaga i le U.S.? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe O le matua/tausitama o se vetereni o Vaegaau U.S.? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe O iai i se toleniga poo a'oga le matua/tausitama? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe O faigaluega le matua/tausitama? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe <input type="checkbox"/> Aso Atoa <input type="checkbox"/> Faavaegataimi <input type="checkbox"/> Faavaaitau <input type="checkbox"/> Ritaea <input type="checkbox"/> Le atoatoa Afai o faigaluega, e fia itula i le vaiaso? _____	O le matua / tausitama i tiute faamiliteli toaaga i le U.S.? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe O le matua/tausitama o se vetereni o Vaegaau U.S.? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe O iai i se toleniga poo a'oga le matua/tausitama? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe O faigaluega le matua/tausitama? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe <input type="checkbox"/> Aso Atoa <input type="checkbox"/> Faavaegataimi <input type="checkbox"/> Faavaaitau <input type="checkbox"/> Ritaea <input type="checkbox"/> Le atoatoa Afai o faigaluega, e fia itula i le vaiaso? _____
	E te manaomia se faaliliuupu? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe	E te manaomia se faaliliuupu? <input type="checkbox"/> Leai <input type="checkbox"/> Ioe
	O ā gagana e te tautala ai? _____	O ā gagana e te tautala ai? _____
Faamolemole faasa'o uma itu o loo e atugalua ai mo oe ma/poo lou aiga, ina ia maua le fesoasoani sili mo lou aiga. <input type="checkbox"/> Le atoatoa le tino/Le mafai <input type="checkbox"/> Galuega <input type="checkbox"/> Laititi pe leai se fesoasoani mai aiga poo ou ona faigaluega <input type="checkbox"/> Tulaga tau vailaau faasaina/ava malosia <input type="checkbox"/> Tulaga faigata i le a'oa'oaina <input type="checkbox"/> Tagata fai mai/Sulufa'i <input type="checkbox"/> Popolega tau Soifua Maloloina (i le 3 tausaga tuana'i) <input type="checkbox"/> Faamalumluga Tau Foma'i <input type="checkbox"/> Aveesea/Mafatiaga <input type="checkbox"/> Falepuipei Matua <input type="checkbox"/> Sauaga i Aiga <input type="checkbox"/> Fale Nofo <input type="checkbox"/> Tulaga Tau Tulafono <input type="checkbox"/> To'esea faamiliteri (taimi nei poo le tausaga ua te'a) <input type="checkbox"/> Femalagaa'iga <input type="checkbox"/> Maloloina o le Mafaufau, Mafatiaga i le Mavae o se Maliu, Atuatuvaile, Mafatiaga Loloto, PTSD <input type="checkbox"/> Aafiaga ua Tuana'i CPS <input type="checkbox"/> Leai se aiga i le 12 masina ua tuana'i (e le o le taimi nei)		

Ua ou taliina fesili i le sili ona lelei ou te malamalama iai. O faamatalaga ua ou avatu o le a faaoga e faamautu ai le agavaa o la'u tamaitiiti i porokalama A'oga Amata.w

Taga'i: O faamatalaga o i lau talosaga e faalilolilo ma e PAU le auale e faaoga iai ole fuafua ai lea ole agavaa. Matou te lē tuuina atu faamatalaga ile ofisa o femalagaiga poo isi matagaluega ale malo.

Saini Matua/Matua Tausi: _____ Aso: _____

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Is this child returning to the same center? <input type="checkbox"/> No <input type="checkbox"/> Yes If not, which center is the child returning to? _____	
Forms Needed: New <input type="checkbox"/> Parent/Guardian Consent and Emergency Treatment <input type="checkbox"/> Safe Arrival/Departure Agreement <input type="checkbox"/> Release/Exchange of Confidential Information (as needed) <input type="checkbox"/> Parent Interest Survey <input type="checkbox"/> Family Engagement Survey <input type="checkbox"/> Initial School Readiness Goal Form <input type="checkbox"/> Child Enrollment Information Form (Preschool or Infant/Toddler)	<input type="checkbox"/> MD Statement for Administration of Medications (as needed) <input type="checkbox"/> Medical Exam (every 12 months for preschool, more frequent for EHS) <input type="checkbox"/> Dental Exam (every 6 months) <input type="checkbox"/> New H & D History if longer than 2 years in program <input type="checkbox"/> Child Health Plan (as needed, NPLT – PLT done by SRC Health for EHS/HS, Nurse Consultant for ECEAP) <input type="checkbox"/> HIPAA (Health Information Exchange – only as needed) <input type="checkbox"/> Parent Authorization for Medication Administration (as needed)
Update or Review/Parent re-sign and date <input type="checkbox"/> Family Partnership Agreement (EHS Home Based Only) <input type="checkbox"/> Family Partnership Plan <input type="checkbox"/> Eligibility Verification Form (EHS transferring to preschool or 3 rd year HS)	<input type="checkbox"/> Family Enrollment Visit Record <input type="checkbox"/> Health/Developmental History (review or update for year 1&2, new form for 3rd year) <input type="checkbox"/> Race & Ethnicity Form (complete if missing from current year) <input type="checkbox"/> Food Introduction Record Form (EHS)