GLEAMNS HEAD START/EHS PROGRAM

CONFIDENTIAL FILE REVIEW SIGN- IN LOG

Child's Name: _____

Date of Birth: _____ **1st Year Enrollment Date:** _____ **2nd Year Enrollment Date:** _____ **3rd Year Enrollment Date:** _____

	Name of Person Reviewing File	Date of Review	Service Area Being Reviewed	Purpose for File Review
1.				
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Because of the confidentiality of children and family records, parents and volunteers are prohibited from viewing records other than those of their own child/family. Therefore, this file is open "ONLY" to the appropriate Head Start/Early Head Start Staff and Consultants on a "NEED TO KNOW BASIS". This form must be updated at the start of each school year and as needed.

Updated: 7/2015; 6/2025

GLEAMNS HEAD START / EARLY HEAD START PROGRAM

CLASSROOM FILE EXAMPLE

Screening and Follow Up

(Development & Social Emotional Screening/Results)

BRIGANCE® Screens III Scoring Tool

Child's Name:
Examiner:
Child's Date of Birth:
Date Tested:
Chronological Age:

Data Sheet	Total Score	Cutoff	Age Equivalent
Three-Year-Old Child Data Sheet	82.0	<49	3 yrs - 8 mos

Domain	Score	Performance Summary	Age Equivalent
Academic/Cognitive	19.0	Above Average	4 yrs - 5 mos
Language Development	38.0	Average	3 yrs - 3 mos
Physical Development	25.0	Average	3 yrs - 9 mos

Print Start Again

A. Child's Name _____ Date of Screening _____ (Year) _____ (Month) _____ (Day) School/Program _____

Parent(s)/Caregiver(s) _____ Birth Date _____ Teacher _____

Address _____ Phone _____ Age _____ Examiner _____

B. Core Assessments

C. Scoring

Page	Domain	Directions: Assessments may be administered in any order. For each assessment: start with the first item and proceed in order. Give credit for a skill by circling the item number. For a skill not demonstrated (an incorrect response), slash through the item number.	Discontinue	Number Correct × Point Value for Each	Child's Score
38	Academic/ Cognitive	**1C Knows Personal Information** Knows: 1 first name 2 last name 3 age 4 birthday (month and day) 5 telephone number 6 street address	Stop after 3 incorrect responses in a row	___ × 1.5	___ / 9
40	Language Development	**2C Names Parts of the Body** Names: 1 thumbs 2 fingernails 3 chin 4 chest 5 elbows 6 shoulders	Stop after 3 incorrect responses in a row.	___ × 1	___ / 6
41	Physical Development	**3C Gross Motor Skills** 1 Stands on one foot for ten seconds 2 Stands on other foot for ten seconds 3 Stands on one foot for one second with eyes closed 4 Stands on other foot for one second with eyes closed 5 Walks backward toe-to-heel four steps	Stop after 3 skills not demonstrated in a row.	___ × 1	___ / 5
43	Physical Development	**4C Visual Motor Skills** Draws: 1 an X 2 a square 3 a rectangle 4 a triangle 5 a diamond	Stop after 3 skills not demonstrated in a row	___ × 1.5	___ / 7.5
45	Physical Development	**5C Prints Personal Information** Prints: 1 first name 2 last name	Administer both items	× 3	___ / 6
47	Academic/ Cognitive Literacy	**6C Recites Alphabet** (Count each group of letters recited correctly as one correct.) a b c d e f g h i j k l m n o p q r s t u v w x y z	Stop after the first error	___ × 1	___ / 5
48	Academic/ Cognitive Mathematics	**7C Sorts Objects (by Size, Color, Shape)** Sorts by: 1 size and color 2 size and shape	Administer both items	× 3	___ / 6
49	Academic/ Cognitive Mathematics	**8C Counts by Rote** (Count each group of ten numbers recited correctly as one correct.) Counts to: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Stop after the first error	___ × 3	___ / 9
50	Academic/ Cognitive Mathematics	**9C Matches Quantities with Numerals** Matches quantity with numeral for: 1 2 2 4 3 3 4 8 5 6	Stop after 2 incorrect responses in a row	___ × 2	___ / 10
51	Academic/ Cognitive Mathematics	**10C Determines Total of Two Sets** Counts two groups of objects for a sum up to ten 1 1 dot + 2 dots = 3 dots 2 4 dots + 2 dots = 6 dots 3 5 stars + 5 stars = 10 stars	Administer all items	___ × 3	___ / 9
52	Academic/ Cognitive Literacy	**11C Reads Uppercase Letters** O A Y E B S C J D L R I M P W K F N H T Y G U V J O **11C Alternate—Reads Lowercase Letters** o s x c z m p w e a i f y r t v n l h u j g b d q *Give credit for only one assessment—Reads Uppercase Letters OR Reads Lowercase Letters.*	Stop after 3 incorrect responses in a row OR Stop after 3 incorrect responses in a row	___ × 0.5 OR ___ × 0.5	___ / 13
53					
54	Academic/ Cognitive Literacy	**12C Experience with Books and Text** 1 Knows the front and back of a book 2 Understands that text progresses from left to right 3 Understands that text progresses from top to bottom	Administer all items	___ × 1.5	___ / 4.5
56	Language Development	**13C Verbal Fluency and Articulation** 1 Uses sentences of at least five words 2 At least 90% of speech is intelligible	Administer both items	___ × 5	___ / 10

Total Score = _____ / 100

D. Notes/Observations: _____

E. Next Steps: _____

COPY

BRIGANCE® Screens III Scoring Tool

Child's Name:
Examiner:
Child's Date of Birth:
Date Tested:
Chronological Age:

Domain	Score	Performance Summary	Age Equivalent
Self-help Skills	9.0	Below Average	3 yrs
Social-Emotional Skills	16.0	Above Average	> 6 yrs - 9 mos

Teacher Report and Scoring Form—Self-help and Social-Emotional Scales

		Year	Month	Day	
A. Child's Name _____	Date of Screening	____	____	____	School/Program _____
Parent(s)/Caregiver(s) _____	Birth Date	____	____	____	Teacher _____
	Age	____	____	____	Examiner _____

Directions: Read each item and circle the response or description that best reflects the child's skill level.

SELF-HELP SKILLS

A. Eating Skills

1. Does _____ use a spoon?
If yes, does _____ place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?

Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

2. Does _____ use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?

Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

3. Does _____ hold a fork in his/her fingers, not in his/her fist?

Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

Total for A. Eating Skills ___ /3

B. Dressing Skills

4. Does _____ put on his/her shoes?
Criteria: Buckling, tying, or Velcro® fastening is not required for credit.

No = 0	Yes (sometimes on wrong feet) = 1	Yes (each shoe on correct foot 90% of the time) = 2	___/2

5. Does _____ dress himself/herself unsupervised?

Rarely/No = 0	Sometimes = 0	Most of the time, except for help with difficult fasteners = 1	
Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners) = 2	Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) = 3		___/3

6. Does _____ put on his/her socks?

Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

Total for B. Dressing Skills ___ /6

C. Toileting Skills

7. Does _____ get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?

Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

8. Does _____ have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?

Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

9. Does _____ urinate ("pee") in the toilet or potty (no more than one accident a week)?

Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

10. Does _____ attempt to wipe himself/herself after toileting?

Rarely/No = 0	Sometimes = 0	Most of the time = 1

OR *(Answer only the more appropriate of these two questions.)*

Does _____ wipe himself/herself independently after toileting?

Rarely/No = 0	Sometimes = 0	Most of the time = 2	___/2

11. Does _____ take care of his/her toileting needs?

Rarely/No = 0	Sometimes = 0	Yes (flushing the toilet most of the time after using it) = 1	Yes (flushing the toilet and washing and drying his/her hands most of the time) = 2	___/2

12. Does _____ go to the bathroom on his/her own without being asked or reminded?

Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

Total for C. Toileting Skills ___ /8

TOTAL FOR SELF-HELP
(A. Eating Skills, B. Dressing Skills, C. Toileting Skills) ___ /17

Self-help and Social-Emotional Scales *(continued)*

SOCIAL AND EMOTIONAL SKILLS

D. Relationships with Adults

13.	Does _____ respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
14.	Does _____ look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
15.	Does _____ enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
16.	Does _____ share his/her thoughts and ideas with you?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

Total for D. Relationships with Adults ___ / 4

E. Play and Relationships with Peers

17.	Does _____ have several friends but one who is a special or best friend?	No = 0	Yes = 1		___/1
18.	Does _____ have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?	No = 0	Yes = 1		___/1
19.	Does _____ play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
20.	Does _____ give verbal directions or incorporate verbal directions into play activities?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

Total for E. Play and Relationships with Peers ___ / 4

F. Motivation and Self-Confidence

21.	Does _____ maintain interest when engaged in a small-group activity or project?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
22.	Does _____ show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
23.	Does _____ approach new tasks with confidence and a "can-do" attitude?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
24.	Does _____ remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

Total for F. Motivation and Self-Confidence ___ / 4

G. Prosocial Skills and Behaviors

25.	If supervised by an adult, does _____ take turns without undue objection?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
26.	Does _____ understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
27.	Does _____ ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1
28.	Does _____ react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Rarely/No = 0	Sometimes = 0	Most of the time = 1	___/1

Total for G. Prosocial Skills and Behaviors ___ / 4

TOTAL FOR SOCIAL-EMOTIONAL
(D. Relationships with Adults, E. Play and Relationships with Peers, F. Motivation and Self-Confidence, and G. Prosocial Skills and Behaviors) **___ / 16**

Parent Report—Self-help and Social-Emotional Scales *(continued)*

SOCIAL AND EMOTIONAL SKILLS

D. Relationships with Adults

13. Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback?

Rarely/No	Sometimes	Most of the time

14. Does your child look forward to sharing his/her feelings with you when he/she is happy?

Rarely/No	Sometimes	Most of the time

15. Does your child enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?

Rarely/No	Sometimes	Most of the time

16. Does your child share his/her thoughts and ideas with you?

Rarely/No	Sometimes	Most of the time

E. Play and Relationships with Peers

17. Does your child have several friends but one who is a special or best friend?

No	Yes

18. Does your child have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?

No	Yes

19. Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?

Rarely/No	Sometimes	Most of the time

20. Does your child give verbal directions or incorporate verbal directions into play activities?

Rarely/No	Sometimes	Most of the time

F. Motivation and Self-Confidence

21. Does your child maintain interest when engaged in a small-group activity or project?

Rarely/No	Sometimes	Most of the time

22. Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?

Rarely/No	Sometimes	Most of the time

23. Does your child approach new tasks with confidence and a "can-do" attitude?

Rarely/No	Sometimes	Most of the time

24. Does your child remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?

Rarely/No	Sometimes	Most of the time

G. Prosocial Skills and Behaviors

25. If supervised by an adult, does your child take turns without undue objection?

Rarely/No	Sometimes	Most of the time

26. Does your child understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?

Rarely/No	Sometimes	Most of the time

27. Does your child ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?

Rarely/No	Sometimes	Most of the time

28. Does your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?

Rarely/No	Sometimes	Most of the time

Parent Report—Self-help and Social-Emotional Scales

Child's Name _____ Child's Date of Birth _____ Today's Date _____

Parent's/Caregiver's Name _____ Teacher's Name _____

Directions: Read each item and circle the response or description that best reflects your child's behavior or skill level.

SELF-HELP SKILLS

A. Eating Skills

1. Does your child use a spoon?
If yes, does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?

Rarely/No	Sometimes	Most of the time

2. Does your child use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?

Rarely/No	Sometimes	Most of the time

3. Does your child hold a fork in his/her fingers, not in his/her fist?

Rarely/No	Sometimes	Most of the time

B. Dressing Skills

4. Does your child put on his/her shoes?
Criteria: Buckling, tying, or Velcro® fastening is not required for credit.

No	Yes (sometimes on wrong feet)	Yes (each shoe on correct foot 90% of the time)

5. Does your child dress himself/herself unsupervised?

Rarely/No	Sometimes	Most of the time, except for help with difficult fasteners

Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners)	Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners)

6. Does your child put on his/her socks?

Rarely/No	Sometimes	Most of the time

C. Toileting Skills

7. Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?

Rarely/No	Sometimes	Most of the time

8. Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?

Rarely/No	Sometimes	Most of the time

9. Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?

Rarely/No	Sometimes	Most of the time

10. Does your child attempt to wipe himself/herself after toileting?

Rarely/No	Sometimes	Most of the time

OR

Does your child wipe himself/herself independently after toileting?

Rarely/No	Sometimes	Most of the time

11. Does your child take care of his/her toileting needs?

Rarely/No	Sometimes	Yes (flushing the toilet most of the time after using it)	Yes (flushing the toilet and washing and drying his/her hands most of the time)

12. Does your child go to the bathroom on his/her own without being asked or reminded?

Rarely/No	Sometimes	Most of the time

Family Assessment

(Family Goals, Parent Assessment)

Family Goals Document

Parent Assessment

Date Submitted: 07/20/2026
Date Reviewed: 07/21/2026

Parent Orientation Toward Preschool and Child Rearing

Please explain reason(s) you enrolled your child in our Program.: I enrolled my child in early head start to give him a jump start on school even though it starts at home it's still better for him to know more as far as sitting down being in class setting learning the in and out.
Please check if you think your child should learn the following.: How to work together.
Name at least three places you usually take your child with you.: Grocery store shopping vacation
Name one place you usually take your child to have a nice time and learn.: Home
Would you like to work with children in the classroom?: No
If yes, what would you prefer doing in the classroom?: N/A
Please check if you would like to know more about any of the following.: Whether my child is developing appropriately., How to prepare my child for success in school.
What is your opinion about Head Start/Early Head Start parents coming together at least once a month to talk about and learn more about areas in which you answered YES above.: I think it's a great opportunity for parents.
How can we make sure the meetings are engaging and meaningful?: Just by engaging with the parents.
Would you be willing to help organize a parent meeting?: Yes
Are there other ways you would be willing to help make the meetings more successful?: No
Name a special talent you have or information you would be willing to share with other parents.: N/A

Digital signature

Parent name: [redacted]
Date: 07/20/2026
Parent signature: 

Home Visits

GLEAMNS Initial Home Visit Form, 2023

This form will be used to document the inital home visit.

Child's Name *

Center *

Child Enrolled In *

Home Visit Conducted? *

Phone

Date of Home Visit *

Time of Home Visit *

AM/PM *

Please list all adults participating in the home visit, including teacher and teacher assistant or substitute teacher.

Adult Participants

	Name	Relationship to Child
⊗		

+ Add Item

Is Head Start or Early Head Start child present during the visit?

(•) Yes ( ) No

Ask child and parent to share the following:

What does your child enjoy doing in his/her free time? *

What are your hopes for your child during this school year? *

What are some important events your family might celebrate? *

What are your concerns about your child's development? *

STAFF CERTIFICATION

I certify I have completed this virtual home visit with the parent. If this form has been falsified, I understand my employment in this Program may be terminated. I also understand the electronic signature replaces a handwritten signature for the purpose of this form.

Electronic Signature of Staff *

Date of Signature *

Staff Position *

Email *

Save

GLEAMNS Second Home Visit Form 2024

This form will be used to document the child's second home visit.

Child's Name *

Center *

Child Enrolled In *

Home Visit Conducted? *

Phone

Date of Home Visit *

Time of Home Visit *

AM/PM *

Please list all adults participating in the home visit:

Adult Participants

Name	Relationship to Child

+ Add Item

Is Head Start or Early Head Start child present during the visit?

- (•) Yes
- ( ) No

Ask parent to share the following:

What are your child's favorite play activities? *

What are some ways you promote literacy at home? (Example: reading to your child each day, asking questions about a book, talking with your child about things that happened, etc.) *

What are some ways you help your child with his or her learning or development at home? *

Teacher input:

Teacher will share one tip or strategy to support child's growth and development.

STAFF CERTIFICATION

I certify I have completed this virtual home visit with the parent. If this form has been falsified, I understand my employment in this Program may be terminated. I also understand the electronic signature replaces a handwritten signature for the purpose of this form.

Electronic Signature of Staff *

Date of Signature *

Staff Position *

Email *

Save

Parent Teacher Conference

GLEAMNS First Parent-Teacher Conference Form - SY 2023-2024

This form will be used by teachers to document their parent-teacher conferences. Please give a copy of the completed form to the Center Coordinator to place in child's comprehensive file.

Child's Name *

Center *

Child Enrolled In *

Date of Conference *

Time of Conference *

AM/PM *

Conference Conducted? *

Name of Family Member Completing Conference *

Relationship to Child *

Phone

Please use this field to identify the parent or family member who is providing responses during the conference.

Teacher Feedback: Please discuss the child's TSG Child Development and Learning Report, ChildPlus attendance report, and ChildPlus health summary.

From your observation and ongoing assessment, share one positive thing you have observed about the child. *

From your observation and ongoing assessment, share one area where the child can improve. *

Parent or Guardian Feedback (ask parents to share thoughts on following questions)

What areas of progress have you seen in your child since the start of school? *

What concerns do you have about your child's progress? *

What do you need from the teaching staff for your child to be successful? *

What concerns do you have about your child transitioning to their next educational setting? *

STAFF CERTIFICATION

I certify I have completed this virtual parent-teacher conference with the parent. If this form has been falsified, I understand my employment in this Program may be terminated. I also understand the electronic signature replaces a handwritten signature for the purpose of this form.

Electronic Signature of Staff *

Date of Signature *

Staff Position *

Email *

Submit

Save

GLEAMNS Second Parent-Teacher Conference Form - SY 2023-2024

This form will be used by teachers to document their parent-teacher conferences. Please give a copy of the completed form to the Center Coordinator to place in child's comprehensive file.

Child's Name *

Center *

Child Enrolled In *

Date of Conference *

Time of Conference *

AM/PM *

Conference Conducted? *

Name of Family Member Completing Conference *

Relationship to Child *

Phone

Please use this field to identify the parent or family member who is providing responses during the conference.

Teacher Feedback: Please discuss the child's TSG Child Development and Learning Report, ChildPlus attendance report, and ChildPlus health summary.

From your observation and ongoing assessment, share one positive thing you have observed about the child. *

From your observation and ongoing assessment, share one area where the child can improve. *

Parent or Guardian Feedback (ask parents to share thoughts on following questions)

What areas of progress have you seen in your child since the start of school? *

What concerns do you have about your child's progress? *

What do you need from the teaching staff for your child to be successful? *

What concerns do you have about your child transitioning to their next educational setting? *

STAFF CERTIFICATION

I certify I have completed this virtual parent-teacher conference with the parent. If this form has been falsified, I understand my employment in this Program may be terminated. I also understand the electronic signature replaces a handwritten signature for the purpose of this form.

Electronic Signature of Staff *

Date of Signature *

Staff Position *

Email *

Submit

Save

Teaching Strategies Gold

Social-Emotional Development

Date Submitted: 07/20/2026
Date Reviewed: 07/21/2026

Social-Emotional Development

Does your child take a nap?: Yes
What is the length of your child's typical nap?: At least 60 minutes
Does your child get eight or more hours of sleep each night.: Yes
If no, what prevents your child from getting at least eight hours of sleep a night?:
How does your child act with adults he or she does not know? For example, shy, withdrawn, friendly, etc.: Friendly
How does your child act with a few children his/her own age? For example, plays well, fights, prefers playing alone, etc.: Plays well
Have there been any big changes in your child's life in the last six months?: No
If yes, please explain.:
Do you have any concerns about your child's development?: No
If yes, please explain:
How long has your child's behavior been a concern?:
Does your child have any difficulties saying what he/she wants to do?: No
If yes. please explain further.:
Does your child's temper change for no apparent reason?: No
If yes. please explain further:
Does your child often say he/she does not like you when you discipline him/her?: No
Does your child kick, scream, or have tantrums when angry?: No
If yes, how long does the behavior last?:
How do you manage your child's behavior?: Discipline