



**Alachua County Public Schools
Head Start/VPK Program
Content Area Concerns/Conditions**



Child's Name	Parent/Guardian	Phone	School Year	Enrollment Status
				<input type="checkbox"/> New Application <input type="checkbox"/> Returner Application <input type="checkbox"/> Currently Enrolled

Concern(s) or Condition(s)	Medication	FDLRS Information	Concern forwarded to:
	<input type="checkbox"/> Child takes medication on a regular basis. Medication: _____ <input type="checkbox"/> Child is prescribed medication but is not currently taking any <input type="checkbox"/> Child is not prescribed any medication	<input type="checkbox"/> Provided to Parent <input type="checkbox"/> Explained to Parent <input type="checkbox"/> Not applicable for concern	<input type="checkbox"/> Social/Emotional Disability <input type="checkbox"/> Education <input type="checkbox"/> Health/Nutrition <input type="checkbox"/> Liaison

Concern generated by whom?	Type of documentation received notating concern or condition
<input type="checkbox"/> Parent <input type="checkbox"/> Liaison <input type="checkbox"/> Other Head Start Staff: _____ <input type="checkbox"/> Doctor/Medical Professional <input type="checkbox"/> FDLRS <input type="checkbox"/> ESE <input type="checkbox"/> Other: _____	<input type="checkbox"/> Physical <input type="checkbox"/> Evaluation <input type="checkbox"/> Doctor's note on prescription pad <input type="checkbox"/> Medical records <input type="checkbox"/> No documentation was received <p align="center"><i>(documentation must be placed in file)</i></p>

Form completed by: _____ Date: _____

Form No. CUR 718-022 – Content Area Concerns/Conditions / CUR / Head Start
New Date: 8/23/17

Distribution: _____ Content Area Coordinator
 _____ Central File
 _____ Cluster File
 _____ Liaison



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