

Educational Support Checklist 2016-2017

	Name	Phone Number	Email
Student			
Biological Parents			
Caregiver			
School Contact			
DHS Caseworker			
Mental Health			
Other			
Other			

<p>General:</p> <p><input type="checkbox"/> School has received full academic record</p> <p><input type="checkbox"/> School has received full health record</p> <p><input type="checkbox"/> Student's IEP is current (if applicable) Next Review: _____</p> <p><input type="checkbox"/> Student's 504 is current (if applicable) Next Review: _____</p> <p><input type="checkbox"/> Other support plan(s) are current (if applicable)</p>	<p style="border: 1px solid red; padding: 2px;">Current ROI allows:</p> <p>JPS/ DHS Expires: _____</p> <hr/> <p>JPS/ _____ Expires: _____</p> <hr/> <p>JPS/ _____ Expires: _____</p>
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<p>Student:</p> <p><input type="checkbox"/> Has toured the building</p> <p><input type="checkbox"/> Is aware of resources within school building</p> <p><input type="checkbox"/> Has information on available school services</p> <p><input type="checkbox"/> Has all necessary school supplies</p> <p><input type="checkbox"/> Has appropriate clothing for school</p> <p><input type="checkbox"/> Knows how they are getting to and from school</p> <p><input type="checkbox"/> Has a peer buddy/mentor</p> <p><input type="checkbox"/> Has been introduced to their school counselor</p> <p><input type="checkbox"/> Has online access for grades/ homework</p> <p><input type="checkbox"/> Is enrolled in the free/ reduced lunch program</p> <p><input type="checkbox"/> Knows the attendance policy of the school</p> <p><input type="checkbox"/> Knows about extra-curricular activities available</p> <p><input type="checkbox"/> Has identified a place to study at home</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Parent(s)/ Caregiver(s):</p> <p><input type="checkbox"/> Has access to Parent Portal & Jeffco Connect</p> <p><input type="checkbox"/> Has a copy of the school year calendar</p> <p><input type="checkbox"/> Has the number to the school attendance line</p> <p><input type="checkbox"/> Understands the school attendance policies</p> <p><input type="checkbox"/> Has contact info for Educational Support Team</p> <p><input type="checkbox"/> Has contact info for mental health clinician (if applicable)</p> <p><input type="checkbox"/> Has information on school & district services</p> <hr/> <p>School Contact:</p> <p><input type="checkbox"/> Knows who to contact for educational decisions</p> <p><input type="checkbox"/> Has up-to-date emergency contact information</p> <p><input type="checkbox"/> Has received Best Practices for youth in foster care</p> <p><input type="checkbox"/> Is aware of any necessary accommodations</p> <p><input type="checkbox"/> Is aware of any medical concerns</p> <p><input type="checkbox"/> Knows about the monthly evaluation rubric</p> <p><input type="checkbox"/> Has contact info for mental health clinician (if applicable)</p>
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<p>Notes:</p>	
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