



PRE-ENROLLMENT CASE CONFERENCE FOR CHILDREN WITH IDENTIFIED HEALTH AND/OR NUTRITION CONCERNS



Form completed by CSQI Health/Nutrition Coordinator(s) or CSQI Program Support staff ONLY

Type of PECC (check all that apply): Health Nutrition

Child's Name: _____ DOB: _____

1. **Has your child been enrolled in preschool before?** Yes No

2. **Do you have any concerns about your child's overall health & development or is your child diagnosed with a developmental delay and/or medical condition?**

- **Child's Health Condition (if applicable, such as allergies, asthma, etc.):**

- **Child's Nutritional Needs (if applicable, such as food allergies or chewing/swallowing issues):**

- **Child's development (if applicable, such as diagnosed disability, social-emotional concerns):**

3. **Please list medication(s) that will be needed at school (non-emergency and emergency):**

4. **Does your child require a feeding tube at school?** Yes No

If yes, please describe: _____

5. **Has your child been hospitalized due to his/her health condition in the last year?** Yes No

If yes,

Date: _____ Length of Stay: _____

6. **Please list any adaptive equipment or materials that your child may need in school:**

7. **Will your child require accommodations in the classroom or outside?** Yes No

If yes, please describe: _____

8. **Are there any restrictions to activities that the teacher and staff should be aware of?** Yes No

If yes, please describe: _____



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9. Does your child receive any other services? (check all that apply):

- Speech/Language Physical Therapy Occupational Therapy
- Behavioral Therapy (i.e. ABA) Mental Health Services Nutrition Counseling
- Other (please describe): _____

Note: include provider contact information and complete Authorization to Release Information

10. Early Head Start/Head Start Placement:

- To be determined
- Proposed Program
 - Home Based
 - Center Based Site: _____ Part Day AM Part Day PM Full Day
 - Will there be a variation in attendance? Yes No
 - If yes, please provide explanation: _____

13. Is IHP or Special Meal Accommodations Needed? Yes No

- Prior to 1st day of attendance *If known: Date: _____ Time: _____

Notes or Follow Up Items: _____

_____	_____	_____	_____
Parent/Guardian	Date	Site Supervisor	Date
_____	_____	_____	_____
Teacher	Date	CSQI Staff	Date
_____	_____	_____	_____
Other	Date	CSQI Staff	Date

Original: Child File
Copy to Retain at Area Office: Attach PECC to Pre-Enrollment Review & health/nutrition related documentation.
Copy to Provide to CSQI Coordinator: Attach PECC to Pre-Enrollment Review health/nutrition related documentation.