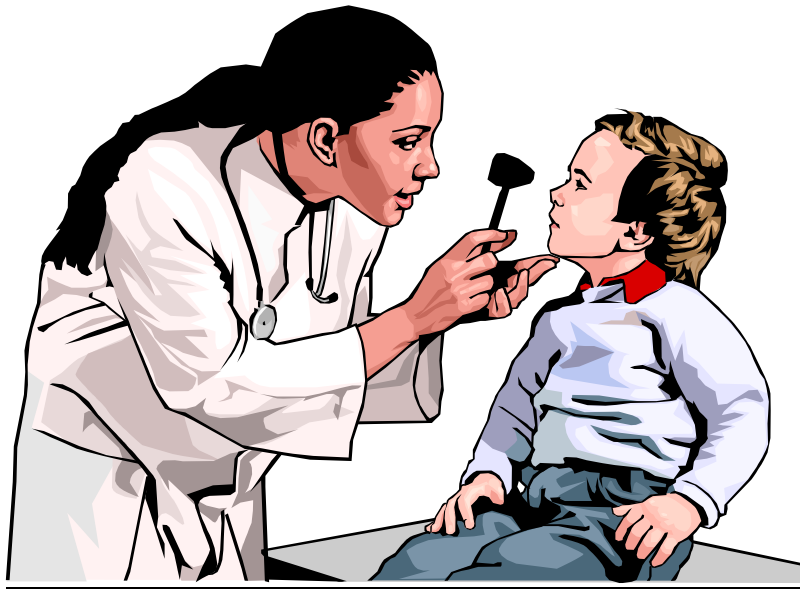


Health & Education Passport



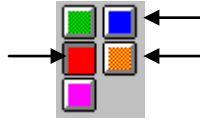
Central CA Training Academy
559-278-5757
Terry Luna, CWS/CMS Project Coordinator
terril@csufresno.edu

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CREATING THE HEALTH & EDUCATION PASSPORT

The Health & Education Passport is populated from several Notebooks throughout CWS/CMS. Information **cannot** be entered directly onto the Passport.



Client Notebook – several pages of this notebook populate the passport with basic child information. The ‘service provider’ page will populate past and present health service providers of the child.

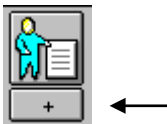
Education Notebook – this notebook populates the passport with past and present educational information for the child.

Health Notebook – this notebook populates the passport with all relevant health history for a child, including ‘diagnosed conditions’, ‘medications’, ‘hospitalizations’, ‘immunizations’, etc.

Contact Notebook – The Associated Services page of the contact notebook must be used to document CHDP – Physical & Dental information. Only Well Child exams with an HEP indicator will populate to the passport.

Placement Notebook – Use the ID page of this notebook to document the ‘date SCP informed of the CHDP program and that brochure was given’; if ‘SCP requests CHDP services’; and ‘date SCP was given the HEP and informed of it’s purpose’.

Use the ID page to note that Social Worker considered proximity to the school in which the child was enrolled at time of placement.



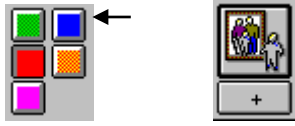
Use the ‘Create New Document-Client’ Notebook to generate the Passport.

Select the Time Frame parameters from the next dialog box.

This will create the Passport in Microsoft Word. It can be Saved and Printed, but **CANNOT** be edited! Any changes must be made in the Notebooks, then the passport can be removed – and re-created.

SAVE TO DATABASE

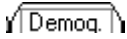
CLIENT NOTEBOOK



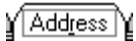
Areas in GREEN are important to complete for Passport.



Enter basic identifying client information here, DOB, SS, ethnicity and language. If child is in placement, be sure to check the confidentiality in effect box.



Enter basic demographic information for the client, birthplace, arrests, etc.



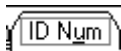
Record all address changes here. Be sure to enter start and end dates for addresses.
NOTE: this is NOT the place to change an address for a child in placement or when a foster parent or relative caregiver moves.



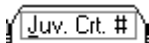
Enter any other names or AKA's that your client may use. This will cross-reference all names when a client search is done.



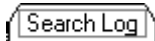
Relate all clients to each other on this page. Be sure that the relationship is in the correct order as they are listed or they will populate incorrectly to many documents that CWS/CMS produces.



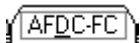
This page is where the county case number is entered. It is important that the number be active (no end date), if this is a child that a placement will be recorded for. Other types of numbers can be entered here for clients, for example, CII, MEDS Id, etc.



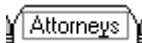
Juvenile court numbers are entered on this page for children only.



Parent search information is recorded on this page. Record searches information in the parent's notebook. Search results entered here will populate to the Declaration of Due Diligence.



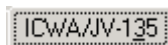
Eligibility information to Foster Care is recorded on this page.



Once an attorney has been appointed on behalf of a client, they must be attached on this page.


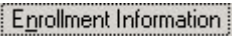
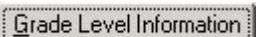
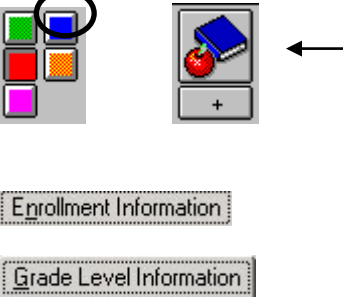



Use this page to show service providers involved with client. Use the plus + sign to add service provider. Service providers with no END date – will populate Current Service Provider section of passport. Providers with END date entered populate the 'past provider' section.

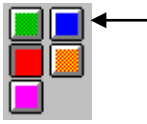


This page records information about a child's Indian status – it must be completed before ICWA notices can be generated from CWS/CMS.

QUICK GUIDE TO THE EDUCATION NOTEBOOK

<p>Record the school child is attending:</p> <p>Before you can record education information for a child, you must SEARCH for the school that the child is attending.</p>	<p style="text-align: center;">SEARCH TIPS:</p> <p>You must select 'School Category' and at least one other identifying factor. The easiest method is to choose your county, then under the 'school' drop down, all schools in your county will appear – then select the one you want from the list.</p>
<p><u>Create New Education</u></p> 	<p>After using the plus button – to Create New Education notebook for a child: Highlight the child's name you want to place in school, then highlight the school child is attending. Click OK.</p>
	<p>Use this page to record the date the child began attending this school.</p>
	<p>Use this page to record child's grade level and attendance records, progress, report cards, IEP, associated with that grade level.</p> <p>Always use the plus button (+) to add history for each grade level.</p> <p style="text-align: center;">SAVE TO DATABASE</p>
<p><u>Once the child has been recorded as attending school, additional information gathered at each contact can be recorded in the child's 'Existing Education Notebook'.</u></p>	
	<p>Open the child's existing education notebook in order to add additional education information.</p> <p>Use the appropriate page to record the information you have gathered.</p> <p style="text-align: center;"><u>SAVE TO DATABASE</u></p>
<p>Remove a child from school:</p> 	<p>Open the child's existing education notebook, and record the end date and reason child is no longer attending this school.</p> <p style="text-align: center;"><u>SAVE TO DATABASE</u></p>

HEALTH NOTEBOOK



Summary

Use this page to summarize a child's current condition. When a new Summary is entered, the old Summary is erased. It will only remain on a hard copy of the previous HEP. This Summary does NOT keep history. **Be sure to complete the GREEN field.**

Diagnosed Condition

Use this page to record any conditions a child has which are diagnosed by a practitioner or a clinic. Record as much information about the condition as possible. Use start and end dates to document child's health history.

Observed Condition

Use this page to record any conditions a child may have that have been observed by someone. Record as much information about the condition as possible. Use start and end dates to document child's health history. **Observed conditions will only print to passport if the alert is checked.**

Medications

Use this page to document any medications prescribed for a child. Each medication must be tied to a 'Client Condition' (**which comes from the 'Diagnosed Conditions' page.**)

Hospitalizations

Use this page to document anytime a child has been hospitalized. The hospitalization must be tied to a 'Client Condition'.

Medical Tests

Use this page to document any medical tests ordered for a child and those test results. The medical tests must be associated with a 'Client Condition'.

Referrals

Use this page to document any medical referrals made on behalf of a child by a Health Provider. The referrals must be associated with a 'Client Condition'.

Immunization

Use this page to document a child's immunization history.

Well Child

Use this page to record information regarding a child's Well Child exam. **You must enter a Well Child Exam as an Associated Service in the Contact Notebook PRIOR to completion of the information on this page.**

Birth History

Use this page to enter birth history information for a child. This is also a good place to record a toxicology screening. **Certain information on this page is duplicated on the Demographic page of the client notebook. The information will cross populate each notebook.**

SAVE TO DATABASE

RECORDING PSYCHOTROPIC MEDICATIONS IN THE HEALTH NOTEBOOK
Outcome Measure 5F

Open the child's Health Notebook and use the Diagnosed Conditions & Medications Pages:



DIAGNOSED CONDITION Page:

The screenshot shows a software window titled 'Client Services - Case [Brady, Bobby] - [Health [Bobby Brady]]'. The 'Diagnosed Condition' page is active, displaying a table with one entry for 'Attention Deficit Hyperactive Disorder' diagnosed by 'Dr. Kildare' on '02/04/2008'. Below the table are various input fields for 'Alert', 'Onset Date/First Visit', 'Diagnosed By', 'Condition', 'Communicable Disease', and 'For This Diagnosed Condition' (including Medications Prescribed, Medical Tests Ordered, Hospitalizations Occurred, and Referrals Made). There are also text areas for 'Health Problem Description' and 'Treatment Plan / Instructions'.

Alert	Health Problem	Diagnosed By	Onset Date / First Visit	End Date
1 Yes	Attention Deficit Hyperactive Disorder	Dr. Kildare	02/04/2008	

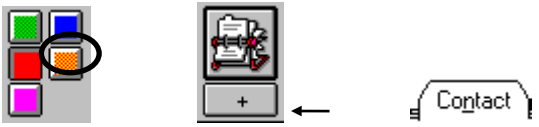
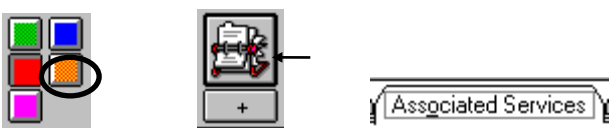
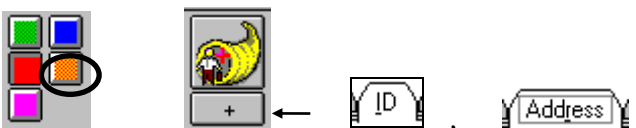
- ✓ Onset Date:
Date condition was diagnosed by practitioner. This could be before or after child entered foster care.
- ✓ Condition – Health Problem:
Choose the most appropriate health problem, **avoid** using Psychotropic Medication required.
- ✓ Health Problem Description:
Add the condition as written on the JV220.

MEDICATIONS Page:

One medication per line:

- ✓ Prescribed Medication is attached to the diagnosed condition it has been prescribed for.
- ✓ Prescribed By: enter the doctor that prescribed the medication.
- ✓ Start date – with **NO** end date indicates current medication. Use the actual date child begins taking the medication.
- ✓ Projected End Date: Date the court order expires (should be 6 months/180 days from date of current court order).
- ✓ End Date: **Only** use this to record a medication that the child is no longer taking.
- ✓ Court Ordered Date: Date the JV220 is signed by the judge. **Update** this date as new court order is signed for current medication – add a new row with new date.
- ✓ Comment/Instructions:
 - Date each entry
 - List the dosage or range
 - List alternative medications listed on the JV220 that may be given in the future
 - If medication is same, but new doctor – note here and Prescribed By field.
- ✓ Check appropriate radio buttons if the medication is ‘psychotropic’ and if administered for ‘psychiatric purposes’.
- ✓ An ‘automatic reminder’ will be generated from the court order date or if no date has been entered.

QUICK GUIDE TO RECORDING CONTACTS & SERVICES

<p>Create New Contact:</p>  <p>RECORD A CASE MANAGEMENT SERVICE WITHIN THIS CONTACT:</p>	<p>Use the Contact Notebook to record every contact (narrative) that is made on behalf of a child. <i>If more than one child is selected – then that narrative will go to all selected children’s cases.</i></p> <p>Be sure to complete all YELLOW fields.</p> <p>Use the ‘Spell Check’ command under the Edit menu once narrative has been entered.</p> <p>If Social Worker provided any type of a case management service for child or family, be sure to select service type under ‘Case Management Service Type’.</p> <p><i>This will complete the Associated Services page, and Social Worker can add narrative entry to this page.</i></p>
<p>RECORD SERVICES BEING PROVIDED ON BEHALF OF A CHILD/FAMILY:</p> 	<p>Open ANY existing contact or complete a NEW contact, then click on the Associated Services page.</p> <p>Use the plus button in the upper left corner to add each Service provided to child/family.</p> <p>Be sure to complete all YELLOW fields.</p> <p>If you are unable to find the Service Provider in search, go to the next step: Create New Service Provider.</p> <p>The ‘Well Child Exam’ button will become enabled ONLY if the following services are selected:</p> <ul style="list-style-type: none"> HEP – CHDP Equivalent Physical Exam HEP - CHDP Physical Exam HEP - Required Dental Exam <p><i>A Well Child Exam can be recorded for ONLY one child at a time.</i></p>
<p>CREATE NEW SERVICE PROVIDER:</p> 	<p><i>**Only create a service provider, if you were unable to locate provider using SEARCH.**</i></p> <p>Complete both pages with as much information as you can.</p> <p>Be sure to complete all YELLOW fields.</p>

PLACEMENT NOTEBOOK

Open the Existing Placement:



Record the 'Date the Substitute Care Provider was informed of the CHDP program and the brochure was given.
If the Substitute Care Provider requests CHDP services be provided, check the box indicating so.
Document the Date the Substitute Care Provider was given the Health and Education Passport, and informed of it's purpose.

Rationale section:

Use this page to document that the child's placement in foster care takes into account proximity to the school in which the child was enrolled at the time of placement and whether or not the child attends the same school as prior to the placement.

SAVE TO DATABASE

Heath & Education Passport Mapping

The Health & Education Passport is a protected document – it cannot be changed or modified in Microsoft WORD.

Use the Mapping on the following pages to determine the notebooks, pages and fields in CWS/CMS that populate to each section of the Health Passport. Each section is color coded to indicate which section in CWS/CMS each notebook is found.

Once changes have been made in CWS/CMS – Save to Database – then remove the ‘OLD’ Passport and recreate a ‘NEW’ Passport. The Passport will be refreshed with the new information added in the CWS/CMS Screens.

Confidential

Health and Education Passport

Instructions to Foster Parents

Please keep this Health and Education Passport while this child is in your care. Please keep the child's Medi-Cal card, health eligibility identification cards, Medical Consent form, Birth Certificate and Immunization record with this Passport.

According to CHDP guidelines, a child 3 years old or older is eligible for a health check-up once a year while receiving Foster Care services. However, younger children should have more frequent exams. Additionally, starting at age 3, children should have a dental exam once a year or earlier if a problem exists.

Take this Passport to all medical, dental, and educational visits pertaining to the child. Remind doctors, dentists, and teachers, mental health care providers, vision care providers, and other health care providers to add or correct information on the form after each visit. Please give the corrected Passport to the social worker at your next meeting. When the child leaves your care, the latest update of this Passport will go with the child to aid the next care provider.

If you have any questions, please speak with the child's social worker and/or Public Health Nurse.

Thank you.

CHILD INFORMATION

CHILD'S NAME Client notebook-ID page		BIRTH DATE Client notebook-ID page	AGE Client notebook-ID page	GENDER Client notebook-ID page
NAME ALSO KNOWN BY Client notebook-Names page		CHILD ID NUMBER Client notebook-ID page	COURT NUMBER Client notebook-Juvenile Court Number page	
CASE NUMBER Case Information notebook-ID page	MEDI-CAL RECORD NUMBER Client notebook-ID Number page (Medical Record)	MEDICAL INSURANCE COMPANY NAME / HMO FC-2 Eligibility Application notebook-Insurance page	POLICY NUMBER FC-2 Eligibility Application notebook-Insurance page	
ADDRESS If Child is in Placement - "Confidential Address" should appear here. Client Notebook, ID page - checkmark in "Confidentiality in Effect"		SOCIAL SECURITY NUMBER Client notebook-ID page		
		PHONE Client notebook-Address page		
ETHNICITY Client notebook-ID page		RELIGION Client notebook-Demographics page	ICWA ELIGIBILITY Client notebook-ID page	
PRIMARY LANGUAGE Client notebook-ID page		SECONDARY LANGUAGE Client notebook-ID page		
NAME OF SUBSTITUTE CARE PROVIDER If Child is in Placement - "Confidential Name" will appear here		RELATIONSHIP TO CHILD OR TYPE OF FACILITY If Child is in Placement - "Confidential Relationship" will appear here. Client Notebook, ID page - checkmark in "Confidentiality in Effect"		
SCHOOL NAME Education Provider-ID page- the school name will populate for the school that has a start date - and no end date.		SCHOOL ADDRESS Education Provider-Address page	GRADE Education notebook, Grade Level Information page	
PHONE Education Provider-ID page				

CURRENT HEALTH INFORMATION

- SENSITIVE HEALTH & MEDICAL INFORMATION ON FILE ([Health Notebook-Summary page - Sensitive Checkbox](#))
- LIMITATION PUT ON SUBSTITUTE CARE PROVIDER'S ABILITY TO MAKE HEALTH DECISIONS ([Health Notebook-Summary page](#))
- INDIVIDUAL HEALTH CARE PLAN ON FILE FOR SPECIAL NEEDS CHILD ([Health Notebook-Summary page](#))

**** ALERTS ****

DESCRIPTIO
N

[Health notebook, Diagnosed Condition and Medications pages \(Alert box\)](#)

ALLERGIES

DESCRIPTIO [Health Notebook-Diagnosed Condition \(Allergies\)](#)
N

ONSET DATE/FIRST VISIT

[Health Notebook-
Diagnosed Condition](#)

DIAGNOSED BY

[Health Notebook-Diagnosed Condition](#)

SUMMARY OF CHILD'S CURRENT HEALTH CONDITION

[Health notebook, Summary page - Narrative entry from this field populates here.](#)

DEVELOPMENTAL / FUNCTIONAL LIMITATIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> VISUAL IMPAIRMENT | <input type="checkbox"/> HEARING IMPAIRMENT | <input type="checkbox"/> SPEECH IMPAIRMENT |
| <input type="checkbox"/> SPECIAL DIET REQUIRED | <input type="checkbox"/> NEUROLOGICAL IMPAIRMENT | <input type="checkbox"/> MEDICAL EQUIPMENT REQUIRED |
| <input type="checkbox"/> DEVELOPMENTALLY DISABLED | <input type="checkbox"/> NON AMBULATORY | <input type="checkbox"/> MEDICAL PROCEDURES REQUIRED |
| <input type="checkbox"/> DEVELOPMENTALLY DELAYED | <input type="checkbox"/> SPECIAL EDUCATION PUPIL, CERTIFIED | <input type="checkbox"/> EMOTIONAL DISORDER, DSM, CURNT REV |

DESCRIPTIO
OTHER N

[Health notebook-Diagnosed Condition page](#)

CURRENT HEALTH ISSUES

[Each Health Problem without an end date on Diagnosed Conditions Page is followed by related information from the Health notebook-Medications, Hospitalizations, Medical Tests, and Referrals pages.](#)

HEALTH PROBLEM Health notebook-Diagnosed Condition page	ONSET DATE/FIRST VISIT Health notebook-Diagnosed Condition page	NEXT SCHEDULED VISIT DATE Health notebook-Diagnosed Condition page
DIAGNOSED BY: NAME Health notebook-Diagnosed Condition page	DIAGNOSED BY: PHONE Health notebook-Diagnosed Condition page	COMMUNICABLE DISEASE? Health notebook-Diagnosed Condition page <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

HEALTH PROBLEM DESCRIPTION
[Health notebook-Diagnosed Condition page](#)

TREATMENT PLAN / INSTRUCTIONS
[Health notebook-Diagnosed Condition page](#)

WELL CHILD EXAM

DATE Health notebook-Well Child page (Contact notebook-Associated Services page)	EXAM TYPE Health notebook-Well Child page	SERVICE PROVIDER Health notebook-Well Child page
---	--	---

AGE AT TIME OF EXAM	HEIGHT	HEIGHT %	WEIGHT	WEIGHT %	HEAD CIRCUMFERENCE
Client notebook-ID page	Health notebook-Well Child page	Health notebook-Well Child page	Health notebook-Well Child page	Health notebook-Well Child page	Health notebook-Well Child page

COMMENTS / OUTCOMES / REFERRALS

[Health notebook-Well Child page](#)

IMMUNIZATIONS

IMMUNIZATION TYPE	DATE GIVEN	SOURCE OF INFORMATION / CLINIC / PHYSICIAN	NEXT DUE DATE
Health notebook-Immunization page	Health notebook-Immunization page	Health notebook-Immunization page	Health notebook-Immunization page

CURRENT HEALTH SERVICE PROVIDERS

[Health notebook-Summary page](#)

CURRENTLY RECEIVES SERVICES FROM: CA CHILDREN'S SERV REGIONAL CENTER OTHER

SERVICE PROVIDER NAME	SERVICE PROVIDER TYPE	DATE LAST SEEN
Client notebook-Service Providers page - providers listed on this page with no end date will populate here.	Service Provider notebook-ID page	Contact notebook-Associated Services page
CLINIC/AGENCY NAME, IF ANY	ADDRESS	
Service Provider notebook-ID page	Service Provider notebook-Address page	
PHONE		
Service Provider notebook-ID page		

PAST HEALTH INFORMATION

BIRTH HISTORY

BIRTH PLACE / HOSPITAL NAME	BIRTH LOCATION (CITY COUNTY STATE AND COUNTRY)			
Health notebook-Birth History page or Client Notebook - Demog Page	Health notebook-Birth History page or Client Notebook, Demog Page			
WEIGHT	LENGTH	HEAD CIRCUMFERENCE	APGAR	GESTATION AGE
Health notebook-Birth History page	Health notebook-Birth History page	Health notebook-Birth History page	Health notebook-Birth History page	
TOXICOLOGY SCREENING		NEW BORN SCREENING RESULTS		
Health notebook-Birth History page		Health notebook-Birth History page		
PRENATAL / PERINATAL COMMENTS				
Health notebook-Birth History page				

PAST HEALTH ISSUES

Each Health Problem with an end date is followed by related information from the Health notebook- Medications, Hospitalizations, Medical Tests, and Referrals pages.

HEALTH PROBLEM Health notebook-Diagnosed Condition page	ONSET DATE/FIRST VISIT Health notebook-Diagnosed Condition page	END DATE Health notebook-Diagnosed Condition page
DIAGNOSED BY: NAME Health notebook-Diagnosed Condition page	DIAGNOSED BY: PHONE Health notebook-Diagnosed Condition page	COMMUNICABLE DISEASE? Health notebook-Diagnosed Condition page <input type="checkbox"/> YE <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN S
HEALTH PROBLEM DESCRIPTION Health notebook-Diagnosed Condition page		
TREATMENT Health notebook-Diagnosed Condition page		

PAST HEALTH SERVICE PROVIDERS

[Health notebook-Summary page](#)

PREV. RECEIVED SERVICES FROM:	<input type="checkbox"/> CA CHILDREN'S SERV	<input type="checkbox"/> REGIONAL CENTER	<input type="checkbox"/> OTHER
SERVICE PROVIDER NAME Client notebook-Service Providers page - providers listed on this page with End Dates CLINIC/AGENCY NAME, IF ANY Service Provider notebook-ID page PHONE Service Provider notebook-ID page	SERVICE PROVIDER TYPE Service Provider notebook-ID page ADDRESS Service Provider notebook-ID page	DATE LAST SEEN Contact notebook-Associated Services page	

FAMILY MEDICAL HISTORY

MATERNAL - SIGNIFICANT HEALTH PROBLEMS Health notebook - Birth History page
PATERNAL - SIGNIFICANT HEALTH PROBLEMS Health notebook - Birth History page

EDUCATION INFORMATION

PARENT(S) / GUARDIANS EDUCATIONAL RIGHTS LIMITED?	<input type="checkbox"/> YE	<input checked="" type="checkbox"/> NO	S
Education notebook-Enrollment Information page			
COURT APPOINTED EDUCATION REPRESENTATIVE Education notebook-Enrollment Information page	PHONE NUMBER Education notebook-Enrollment Information page		
DOES THE CHILD HAVE AN INDIVIDUALIZED EDUCATION PROGRAM (IEP/IIFSP)?	<input type="checkbox"/> YE	<input checked="" type="checkbox"/> NO	MOST RECENT IEP DATE: Education notebook-Grade Level Information page - IEP recorded as an Education Record
LOCATION OF EDUCATIONAL RECORDS / ATTEMPTS TO ACQUIRE Client notebook- Demographics page			
ARE TRANSITIONAL INDEPENDENT LIVING SERVICES BEING PROVIDED?	<input type="checkbox"/> YE	<input checked="" type="checkbox"/> NO	S
Case Plan notebook-Planned Client Services page - ILP Services recorded here.			

CURRENT

SCHOOL NAME Education Provider notebook-ID page	PHONE Education Provider notebook-ID page
--	--

SCHOOL ADDRESS: Education Provider notebook-Address page

PRINCIPAL NAME Education Provider notebook-Contact page	START DATE Education notebook-Enrollment Information page
--	--

EXPLANATION IF CHILD WAS NOT PLACED IN PROXIMITY OF PREVIOUS SCHOOL ENROLLMENT Placement notebook-ID page
--

SPECIAL EDUCATION NEEDS OF THIS CHILD Education notebook-Enrollment Information page

GRADE	GRADE LEVEL PERFORMANCE	TEACHER / COUNSELOR NAME	START DATE
Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page

EDUCATIONAL NEEDS / SCHOOL PERFORMANCE / STRENGTHS / INTERESTS Education notebook-Grade Level Information page

EDUCATION RECORD	START DATE	END DATE
Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page

EDUCATION RECORD COMMENTS Education notebook-Grade Level Information page
--

EDUCATION RECORD	START DATE	END DATE
Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page

EDUCATION RECORD COMMENTS Education notebook-Grade Level Information page
--

PREVIOUS – End Dated Education Records will appear here.

SCHOOL NAME Education Provider notebook-ID page	PHONE Education Provider notebook-ID page
--	--

SCHOOL ADDRESS: Education Provider notebook-Address page

PRINCIPAL NAME Education Provider notebook-Contact page	START DATE Education notebook-Enrollment Information page	END DATE Education notebook-Enrollment Information page
--	--	--

REASON CHILD LEFT SCHOOL Education notebook-Enrollment Information page
--

SPECIAL EDUCATION NEEDS OF THIS CHILD

Education notebook-Enrollment Information page

GRADE	GRADE LEVEL PERFORMANCE	TEACHER / COUNSELOR NAME	START DATE	END DATE
Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page

EDUCATIONAL NEEDS / SCHOOL PERFORMANCE / STRENGTHS / INTERESTS

Education notebook-Grade Level Information page

EDUCATION RECORD	START DATE	END DATE
Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page

EDUCATION RECORD COMMENTS

Education notebook-Grade Level Information page

GRADE	GRADE LEVEL PERFORMANCE	TEACHER / COUNSELOR NAME	START DATE	END DATE
Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page

EDUCATIONAL NEEDS / SCHOOL PERFORMANCE / STRENGTHS / INTERESTS

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EDUCATION RECORD	START DATE	END DATE
Education notebook-Grade Level Information page	Education notebook-Grade Level Information page	Education notebook-Grade Level Information page

EDUCATION RECORD COMMENTS

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