Cumulative File Review

School Name _____ Date _____

		Compliance Review													
		All Students					Health Records All Students				EL Only		Kinder Only	Not Allowed	
	Student Name	Birth Certificate	Proof of Residency	Student Info Form	Testing Info	SST Info (if applicable)	Blue/Yellow Card	Health Screening	Immunizations Current	TB Test must be from Santa Clara County	Home Language Survey	ELPAC Results	5th birthday before Sept 2	Found: IEPs, Discipline, Notes, Sensitive Info	Reviewer Notes
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															