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 |
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| 10 | | | | | | | | | | | | | | | |