



## Documentation of Physicals/Dental Appointments for Region 9 Head Start Children

Initiated Appointment By:	Physical	Dental	Complete (yes/no)	Date
* Parent				
District Assists				
District Assists Scheduled for Student				
Parent				

\*Attach Consent Forms

Denial of Services \_\_\_\_\_  
Date

Attach copy of form.

Encourage parents to obtain physicals/dental appointments for second year of Head Start.

3/2010