

**B-2 Checklist of Activities**

Activity	Date Done
Intake	_____
Permission to assess	_____
ER Date	_____
IIIP Date	_____
Permission to Place	_____
Parent Contact Summary	_____
B-2 3 Ring Binder	_____
B-2 Parent Handbook	_____
B-2 Parent Addendum	_____

Child's Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Date Received: \_\_\_\_\_ (This is filled out by Sped  
Coordinator)