Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

CLASSROOM Child Record Review Log

Confidential

Classroom: _____ **School Year:** _____

Date	Child's Name	Purpose for Viewing	Name/Title

Instructions: *This form is to be completed by* ***authorized Individuals*** *whenever a child's file is reviewed.*

Date	Child's Name	Purpose for Viewing	Name/Title

Instructions: *This form is to be completed by* ***authorized Individuals*** *whenever a child's file is reviewed.*