

Child Id Tracking Form

Teacher Name: _____ School/Site: _____

Classroom ID: _____ Class (please circle): AM PM All Day

In order to maintain the confidentiality of each child, a CHILD ID will be the only identifier written on the Social Competence Scale that you fill out for each child. Use this table as your master form to create CHILLD IDs. Once you have written each child's name next to an ID number, that number will be that child's ID for all future evaluation measures. **Please keep the top copy for yourself. Please mail the bottom copy to OMNI in the envelope provided.** Please keep this master form to use when you complete the Social Competence Scale for each child again in April (post).

CHILD NAME	CHILD ID
	01
	02
	03
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