

## Head Start Teachers End of the Month Report

Center: \_\_\_\_\_ Month/Year: \_\_\_\_\_

*Instruction for completion: **Complete all blanks.** If not applicable, indicate N/A.. Turn in to Education Manager at scheduled time. File in EOM folder.*

▪ **ECE**

Field Trips for month: \_\_\_\_\_ (Yes or No)

Destination	Date

**Special events:** \_\_\_\_\_ (Yes or No)

(Resource through school, Book Mobile, RIF, Extension Office, School Assemblies)

Event	Date

**Assessments Completed:** \_\_\_\_\_ (Yes or No)

Assessment	November	February	May
COR (# of children)			
Pre K PALS (K Eligible Only)			

ESI Name	Date of Birth	Enroll Date	ESI Date	ESI Score	Score Status

▪ **ERSEA:**

New Students Enrolling This Month:	Date of Enrollment:

Students Withdrawing This Month:	Date of Withdrawal:

▪ **Health/Safety**

Fire Drill Date: \_\_\_\_\_

Shelter in Place Drill Date: \_\_\_\_\_

# Illness/Injury Reports sent home: \_\_\_\_\_ \* **Attach monthly report**

# Suspected Child Abuse/Neglect Reports filed \_\_\_\_\_

▪ **Disability Services**

# Children Receiving Special Services \_\_\_\_\_ \* **Attach reports**

# Referrals of students for **month**: \_\_\_\_\_ \* **Attach copies**

# Referrals of students to **date**: \_\_\_\_\_

# Of Disabilities (**Active IEP**) \_\_\_\_\_

▪ **Social/Emotional Development**

Feeling Buddies Lesson # \_\_\_\_\_

# e-DECA Assessments completed (October, February, May) for month \_\_\_\_\_

# Mental Health Referrals for month: \_\_\_\_\_

# Mental Health Referrals to date: \_\_\_\_\_

# Of Children receiving classroom observations \_\_\_\_\_

# Of Children for whom mental health consultant provided teacher consultation \_\_\_\_\_

# Of Children receiving Mental Health Services \_\_\_\_\_

▪ **Parent Involvement/Communication:**

# Home Visits for month : \_\_\_\_\_ ( Attach Summary Sheet)

# Parent/Teacher conferences : \_\_\_\_\_ ( Attach Summary Sheet)

# Nibbles for Health Newsletters sent home per family \_\_\_\_\_

# Classroom newsletters sent home per family \_\_\_\_\_

Center Committee Education Topic: \_\_\_\_\_

▪ **FEST**

# Students transported by bus: \_\_\_\_\_

# Students transported by car: \_\_\_\_\_

Licensing Inspection Date: \_\_\_\_\_

Violation Notice Issued \_\_\_\_\_ (Yes or No) \*Include copy of violation summary

Pending Equipment/Building Repairs Submitted to Child Plus, Pending Requisitions: (Indicate date of original request/pending item description)

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Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_