

Head Start Teachers End of the Month Report

Center: Sample Month/Year: June 2019

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
Beaverdam Park	6/2

Special events: _____ (Yes or No)

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

Event	Date
VA Cooperative Extension	6/7

Assessments Completed: Y (Yes or No)

Assessment	November	February	May
COR (# of children)	18	17	18
Pre K PALS (K Eligible Only)	12		12

ESI Name	Date of Birth	Enroll Date	ESI Date	ESI Score	Score Status
Sample Student	7/2/14	9/7/18	9/23/18	22	P

▪ **ERSEA:**

New Students Enrolling This Month:	Date of Enrollment:
Sample Student	6/23/19

Students Withdrawing This Month:	Date of Withdrawal:

▪ **Health/Safety**

Fire Drill Date: 6/6/19
Shelter in Place Drill Date: 2/23/19,6/4/19
Illness/Injury Reports sent home: 3 * **Attach monthly report**

▪ **Disability Services**

Children Receiving Special Services 2 * **Attach reports**
Referrals of students for **month**: 1 * **Attach copies**
Referrals of students to **date**: 3
Of Disabilities (**Active IEP**) 2

▪ **Social/Emotional Development**

Feeling Buddies Lesson # 5
e-DECA Assessments completed (October, February, May) for month 18
Mental Health Referrals for month: 1
Mental Health Referrals to date: 4
Of Children receiving classroom observations 18
Of Children for whom mental health consultant provided teacher consultation 2
Of Children receiving Mental Health Services 3

▪ **Parent Involvement/Communication:**

Home Visits for month : 15 (Attach Summary Sheet)
Parent/Teacher conferences : 0 (Attach Summary Sheet)
Nibbles for Health Newsletters sent home per family 4
Classroom newsletters sent home per family 4
Center Committee Education Topic: Fire Safety

▪ **FEST**

Students transported by bus: 12
Students transported by car: 5

Licensing Inspection Date: 1/17/19
Violation Notice Issued Y (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)

3/3/19: Requested furniture removal in Child Plus

Staff Signature: _____

Date: _____