

Early Head Start/Partners End of the Month Report

Site: _____

Month/Year: _____

Complete all blanks. If not applicable, indicate by filling in N/A. Turn form in to the Education Manager by the first Friday of the Month.

Child Assessments

Assessment	December	March	May	August
COR (Number of Children)				

Subsidies – Number of children receiving child care subsidy for the month _____

Parent Involvement/Communication:

- Number of home visits for the month _____ (Attach summary sheet)
- Number of parent/teacher conferences for the month ____ (Attach summary sheet)
- Number of at home activity sheets sent home for the month ____ (Attach summary sheet)
- Number of families participating in the F.R.E.D. Program for the month _____

Staff Qualifications

Staff Name	Credential	Credential Expiration Date

Director or Staff Signature _____ Date: _____