

## Head Start End of the Month Report – Education

**Center**

**Month/Year**

**Complete all blanks.** If not applicable, indicate using N/A. Turn in to the Education Manager at scheduled time frame. File in EOM Folder

- ECE – Field Trips for the month (yes/no)

Destination	Date

- Special Events** (yes/no) – School Resources, Mobile Books, School Assemblies

Event	Date

### Assessment Completed (Yes/No)

Assessment	November	February	May
COR (#of Children)			
PreK-PALS (K Eligible Only)			

### ESI Screening

Student Name	Date of Birth	Enrollment Date	Screening Date	ESI Score	Score Status


**Parent Involvement Communication**

Home visits for the month ( ) - Attach Summary Sheet

Parent/Teacher Conferences – ( ) – Attach Summary Sheet

Nibbles for Health Newsletter sent home per family ( )

Classroom Newsletters sent home to families ( )

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

**FEST**

<b>Number of Students Transported by Bus</b>	
<b>Number of Students Transported by Car</b>	

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

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