

Head Start Teachers
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, RIF

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

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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 ()
 Families Participating in the F.R.E.D Program this month ()
 Classroom Newsletters sent home to families ()
 Center Committee Education Topic:

FEST

Number of Students Transported by Bus	
Number of Students Transported by Car	

Licensing Inspection Date :
Violation Notice Issued (Y/N)* Include violation summary