

**Elkhart and St. Joseph Counties Head Start Consortium**  
**Family and Community Specialist Monthly Report**  
 (Documents Must be submitted to Site Supervisor by Last day of the Month)

Site: \_\_\_\_\_ Month: \_\_\_\_\_ FACS: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

Monitoring Date or received in Grantee Office: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ITEMS TO BE REVIEWED/DOCUMENTED	Numerical Numbers	Action Taken
Attendance Report	#2330 Consecutive Absence: _____ #2336 Chronic Absence: _____	Called Parents ( ) SAT ( ) Home Visit ( ) Attendance Action Plan ( ) ** All actions must be documented in Child Plus
Attached Report 2125 highlighter – COS	# Children new enrolled: # Children dropped: # Children not attending:	Notes:
Attached FPA Report # 4019  FPA and NA must to be entry on the family information TAB	#FPA Complete: _____ #FPA follow-up: _____ # Needs assessment Completed and enter under Family Information in Child Plus: _____	Notes:
# Report referral by Agency Attached report 4120	# Referral:	Notes:
# SAT Completed Follow SAT meeting Protocol	#Attendance: #BMI follow-up: #Parent DECA Follow-up: # Speech:	Notes:
Attached Disability Report 9710	# New IEP /IFSP	Notes:
Attached Health Report with notes #3015(HS) #3016 (EHS)  Attached Report 9913 (Health Insurance, Immunizations, Family Doctor and Dentist)  Missing Health Event Report 3011 ✓ Who meet any Criteria above? (Physical, Dental)	#Physicals Overdue:  #Dentals Due:  # Dental Treatment Follow-up:  # Immunization Overdue:  # Vision Treatment Follow-up:	Notes:

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Medical and Dental Home <b>Report #3021</b> 30 days requirements	# Missing Medical Home  # Missing Dental Home	<b>Notes:</b>
Site Meeting Topic _____ • Add Monthly site meeting Checklist	<b># Parents attended site meeting:</b>	<b>Note:</b>
# of children Returned to school	<b># Returned To school:</b> <b># Picked up Late:</b>	<b>Notes:</b>
Community Events add Flyers	<b>#Numbers Community Events information send home: _____</b>	<b>Attached flyers and documented under Communication log ( )</b>
In-Kind Forms (Volunteers) add all In Kind forms minimally 12 hours per month	<b>#In kind hours</b>	<b>Notes:</b>
Team Meeting Form		<b>Notes:</b>
Attached Form Monthly Intake log new applications	<b>#New applications Completed:</b> _____	<b>Notes:</b>
Attached <b>PIR 9910</b> report social services Print reports November, February, April	<b>November</b> <b>February</b> <b>April</b>	<b>Please review report before print</b>
Attached <b>PIR 9730</b> report Employment/ Job/Education Print reports November, February, April	<b>November</b> <b>February</b> <b>April</b>	<b>Please review report before print</b>
Attached <b>PIR 9731</b> report Family Type assistance TANF, SSI, SNAP, WIC Military Print reports November, February, April	<b>November</b> <b>February</b> <b>April</b>	<b>Please review report before print</b>

**COMMENTS: PIR reports must to be completed three times a year November –February – April**

**FACS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Site Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Content Area Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_