

Elkhart and St. Joseph Counties Head Start Consortium

Monthly Site Meeting Checklist

FACS Staff: _____

Site: _____

MONTH: _____ Year: _____	Comments if applicable Topic: _____
Communication:	Attached Flyer, reminder half sheet, phone log call Project parents that will attend the meeting _____
1-Fliers sent YES / NO	
2-Reminder YES / NO	
3-Text YES / NO	
4 -Phone Call YES / NO	
5-Sign in sheets	Copy need to be kept with FACS parent engagement Binder Enter PIR questions relate to social services
6-Agenda	Attached copy
7-Minutes	Attached copy
8-Community Resources	Attached copy
9-Pictures (optional)	
Number of parents attended	# _____
10-Others:	

Please submit report in following order by the first Friday of the Month

FACS : _____

Signature

Date: ____ / ____ / ____