

**Elkhart and St Joseph Counties Head Start Consortium  
Teacher's Monthly Report and Checklist of Activities**

Supervisor: \_\_\_\_\_ Month: \_\_\_\_\_

Site/Classroom: \_\_\_\_\_ Teaching Team: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Documents must be submitted to Site Supervisor by the last day of the Month</b>		<b>Numerical Data</b>	<b>Forms Attached</b>
<b>1</b>	CACFP forms, Attendance, and Signed Menus for Breakfast, Lunch, and Snacks (menu & attendance) in designated envelope	<b>NA</b>	
<b>2</b>	In-Kind (hours submitted)		
<b>3</b>	Packing Slips/Receipts from Deliveries (single sites)	<b>NA</b>	
<b>4</b>	Accident/Incident Reports		
<b>5</b>	Service Provider sign in sheet	<b>NA</b>	
<b>6</b>	Team Meeting Documents completed (weekly meetings, 4)		
<b>7</b>	Newsletters (for upcoming month) with attached monthly Parent Engagement Activities	<b>NA</b>	
<b>8</b>	Current Class list (2125) with last date of attendance	<b>NA</b>	
<b>9</b>	Home Visits or P/T Conferences (document of schedule, contact sheet and surveys)	<b>NA</b>	
<b>10</b>	DECA Assessment Forms		
<b>11</b>	Denver results on Child Plus report #2125		
<b>12</b>	# Denver's completed _____ #Denver Rescreens needed _____		<b>NA</b>
<b>13</b>	Screening Summary		
<b>14</b>	Heights & Weights (due end of Sept., end of Jan. or as child enters the program)		
<b>15</b>	Number & Letter ID (Oct, Dec, March, July <b>EHS</b> , Nov, Feb, May <b>HS</b> )	<b>NA</b>	
<b>16</b>	# of new Health Care Plans		<b>NA</b>
<b>17</b>	# New Dietary Plans		<b>NA</b>
<b>18</b>	# of updated feeding Plans (EHS only)		<b>NA</b>
<b>19</b>	Current Class list (2125) with last date of attendance	<b>NA</b>	
<b>20</b>	# COR notes entered into system		<b>NA</b>
<b>21</b>	COR Follow up EHS Jan 7, April 1, June 10 / COR Follow Up HS March 11, May 13 Using Strengths and Opportunities COR Report		
<b>22</b>	# IEP, IFSP		<b>NA</b>

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_