

Elkhart and St. Joseph Counties Head Start Consortium

Family and Community Specialist Monthly Report

(Documents Must be submitted to Program Manager by Last day of the Month)

Site: _____ Month: _____ FACS: _____

Program Manager: _____

Monitoring Date or received in Grantee Office: _____ / _____ / _____

ITEMS TO BE REVIEWED/DOCUMENTED	Numerical Numbers	Action Taken
Attendance Report	#2330 Consecutive Absence: _____ #2336 Chronic Absence: _____	
Attached FPA Report #4019		Notes:
# SAT Completed Follow SAT meeting Protocol		Notes:
Attached Health Report with notes #3015(HS) #3016 (EHS) Attached Report #9913		Notes:
Site Meeting Topic _____ • Add Monthly site meeting Checklist	# Parents attended site meeting:	Note:
Attached Community Events add Flyers	#Numbers Community Events information send home: _____	
In-Kind Forms (Volunteers) add all In Kind forms minimally 12 hours per month	#In kind hours	Notes:
Attached PIR 9910 report social services Print reports	November, February, April	Review report before printing
Attached PIR 9730 report Employment/ Job/Education Print reports	November, February, April	Review report before printing
Attached PIR 9731 report Family Type assistance TANF, SSI, SNAP, WIC Military Print reports	November, February, April	Review report before printing

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

FACS Signature: _____ Date: ____/____/____

Program Manager Signature: _____ Date: ____/____/____

Parent Engagement Manager Signature: _____ Date: ____/____/____