

# Elkhart and St. Joseph Counties Head Start Consortium

## Monthly Site Meeting Checklist

FACS Staff: \_\_\_\_\_

Site: \_\_\_\_\_

MONTH: _____ Year: _____	Comments (if applicable)  Topic: _____
Communication:  1-Fliers sent            YES / NO  2-Reminder                YES / NO  3-Text                        YES / NO  4 -Phone Call            YES / NO	Attached Flyer, reminder half sheet, phone call log  Projected parents that will attend the meeting: _____
5-Sign in sheets	Copy needs 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)	
10-Others:	
Number of Parents that Attended.	# _____

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

FACS: \_\_\_\_\_

Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_