

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

Program Manager: _____ Month: _____

Site/Classroom: _____ Teaching Team: _____

Teacher Signature: _____ Date: _____

Documents must be submitted to Site Supervisor by the last day of the Month		Numerical Data	Forms Attached
1	CACFP forms, Attendance, and Signed Menus for Breakfast, Lunch, and Snacks (menu & attendance) in designated envelope	NA	
2	In-Kind (hours submitted)		
3	Packing Slips/Receipts from Deliveries (single sites)	NA	
4	Accident/Incident Reports		
5	Team Meeting Documents completed (bi-weekly meetings, 2x)		
6	Newsletters (for upcoming month) with attached monthly Parent Engagement Activities	NA	
7	Home Visits or P/T Conferences (document of schedule, and surveys)	NA	
9	Denver Result Form		
10	#Denver's completed _____ #Denver Rescreens needed _____		NA
11	Screening Summary		
12	Heights & Weights (Sept 15, Jan 29)		
13	Number & Letter ID (Nov 8, Dec 20, Apr 24)(Head Start) / (Oct 25, Dec 20, Mar 13, May 5)(EHS)	NA	
14	# IEP, IFSP (First 3 pages only)		NA

Program Manager Signature: _____ Date: _____