

**Elkhart & 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	Team Meeting Documents completed (bi-weekly meetings, 2x)		
5	Newsletters (for upcoming month) with attached monthly Parent Engagement Activities	NA	
6	Home Visits or P/T Conferences (document of schedule, surveys and screening summaries)	NA	
7	Denver Result Form		
8	Submit all copies of completed Denver's and rescreens during the month		NA
9	Heights & Weights (Sept 15, Jan 29)		
10	Number & Letter ID (Dates TBD) (Head Start)	NA	
11	Submit copies of all IEP's and IFSPs Collected during the month		NA

Program Manager: _____ Date: _____

Signature