

Classrooms on Caseload: \_\_\_\_\_

Highland Rim Head Start  
Family Advocate EOM Report

Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Attachments (place in order):**

\_\_\_\_\_ Copy of Case Management Tracking Form

\_\_\_\_\_ Family Team Meeting Form(s)

\_\_\_\_\_ Home Visit Form(s)

\_\_\_\_\_ Attendance Analysis Form(s)

\_\_\_\_\_ Children with Behavioral Intervention Plans

\_\_\_\_\_ Child File Review Action Plan (*if applicable*)

\_\_\_\_\_ Personnel Activity Report (PAR)

**Information:**

- Parent Meeting Agendas/Minutes/ Flyers placed in your Case Management Notebook: Yes \_\_\_\_\_ No \_\_\_\_\_
- Emergency Notebook-Reviewed and current Date \_\_\_\_\_  
(i.e. medical concerns, medications, parent agreement, etc.)

**Family Services:**

- Total number of referrals made to date: (from ChildPlus report 4120) \_\_\_\_\_
- Adverse Childhood Experiences Screenings done to date: \_\_\_\_\_

**Things that went well for me this month:**

\_\_\_\_\_  
\_\_\_\_\_

**What did I struggle with this month**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What suggestions do I have to resolve the issue:**

\_\_\_\_\_  
\_\_\_\_\_

**My ideas, goals and plans for next month:**

\_\_\_\_\_  
\_\_\_\_\_

**I have attended and/or would like:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Due by the 5<sup>th</sup> of the Month to the Family Service Manager**