

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 5th of the Month to the Family Service Manager