

Classrooms on Caseload: _____

Highland Rim Head Start
Family Advocate EOM Report

Name: _____ Month: _____ Year: _____

Attachments (place in order):

- _____ Parent Meeting Packet
(Original Receipt for food/Agenda/Minutes/Copy of Sign-In Sheet/Reminders/Handouts)
- _____ Family Team Meeting Form(s)
- _____ Attendance Analysis Form(s), if attendance is below 85%
- _____ Attendance Sign-In Sheets (with weekly/monthly reports)
- _____ Recruitment/Community Event/Meeting Information
- _____ Home Visit Forms

Family Services Information:

- Number of Family Partnership Agreements made: _____
- Number of FPA follow-ups made: _____
- Number of community partnerships signed: _____
- Number of families that received resources/referrals: _____
- Number of completed FPA Goals year to date: _____
- Number of new/incomplete applications: _____
- Number of children with attendance concerns: _____
- Number of home visits conducted: _____
- Number of eligible applications on waitlist: _____

Reminder Checklist:

- | | | |
|---|-----|----|
| • Are emergency contacts updated in ChildPlus? | Yes | No |
| • Are FPA follow-ups documented in ChildPlus? | Yes | No |
| • Are Parent Meeting plans made and discussed with the teacher? | Yes | No |
| • Have failed health screenings been followed-up and documented in ChildPlus? | Yes | No |
| • Is Parent Meeting board up to date (Parent Meeting/Policy Council minutes)? | Yes | No |
| • Has contact been made with each family, minimum of monthly? | Yes | No |
| • Have all incomplete applications been followed-up with? | Yes | No |
| • Are all family needs/referrals documented in ChildPlus? | Yes | No |
| • Are attendance concerns followed-up on and documented? | Yes | No |

Questions/Comments:

Family Advocate Signature: _____ **Date:** _____

Reviewed by: _____ **Date:** _____