

Tri-County Head Start/Early Head Start

Family Services Monthly Summary Report

Submit this to the Family Services Coordinator by the 5th of the following month.

	EHS		ChIPLEY		Walton		Westville
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Date _____

1. Was a parent meeting held this month? Yes No If no, why? _____

2. How many attended? _____
3. Were any children dropped from the program? Yes No
4. Did the family receive an exit interview? Yes No If no, why? _____

5. Please list the last names of all children that exited the program this month. _____

6. Were any children enrolled in the program? Yes No
7. Please list the names of all children that enrolled in the program this month. _____

8. Did the family receive an updated community resource guide, parent handbook? Yes No
9. Were there any partnerships created with a family? Yes No How many? _____
10. Did a family complete a goal? Yes No
 - a. Family name _____
11. Child Plus report #2336 shows attendance concerns for: _____

12. Were the concerns discussed with the parents? Yes No
13. Were any referrals made this month? Yes No
14. Was it entered in Child Plus? Yes No
 - a. Date of referral _____
 - b. Status of referral _____
15. Comments/Suggestions/Concerns: _____

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Please enter the number of families receiving the following services, confirm that it has been entered in Child Plus under "Family Services Information" tab.

#	Type of Service	#	Type of Service
	Emergency/Crisis Assistance		Child Abuse and Neglect Services
	Food		Domestic Violence Services
	Clothing		Child Support Assistance
	Transportation		Job Training
	Housing Assistance		Assistance to families of incarcerated
	Mental Health Services		Research-based parenting curriculum
	Literacy or Education		Education on relationships/marriage
	English as a Second Language		Asset Building Services
	Education on preventative medical/oral health		Discussed screening/assessment results and progress
	Adult Education		Supporting transitions between programs
	Substance Misuse Prevention		Education on Nutrition
	Substance Misuse Treatment		Education on postpartum care
	Education on health/development issues of tobacco products		Other:

16. Please list the names that you monitored using the monitoring tool: _____

17. Were there any findings or issues that need to be addressed? _____
