

**FOUNDATION FOR EARLY CHILDHOOD EDUCATION**  
**Monthly Report of Activities**

This is a certification form only. Contemporaneous records (i.e., appointment calendar, client record, etc.) must be attached or retained by employee for a minimum of three years.

Please type or print clearly using ball point pen.

MONTH/YEAR OF THIS REPORT	NAME OF EMPLOYEE	POSITION/TITLE OF EMPLOYEE
		<b>Parent Involvement Aide</b>
DIVISION/SITE		NAME OF IMMEDIATE SUPERVISOR
<b>Head Start</b>		<b>Parent Involvement Coordinator</b>

**Certification**

*I certify that the information recorded on this report is true and correct to the best of my knowledge.*

SIGNATURE OF EMPLOYEE	DATE SIGNED

SIGNATURE OF SUPERVISOR	DATE SIGNED

Agency has 42 Classrooms; 18 are Part-day and 13 are Full-Day and 11 Dosage

**Monthly Activities:**

- (1) Assist with facilitating Policy Committee meetings
- (2) Assist with facilitating Site Level Parent Committee meetings
- (3) Provide clerical and administrative support to Parent Involvement Department

