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.

POSITION/TITLE OF EMPLOYEE NAME OF IMMEDIATE SUPERVISOR	Head Start	Director II
	DIVISION/SITE	NAME OF IMMEDIATE SUPERVISOR
MONTH/YEAR OF THIS REPONAME OF EMPLOYEE POSITION/TITLE OF EMPLOYEE		Parent Involvement Coordinator
MONTHNIEAD OF THIS DEDOLLAR OF ENDLOYEE	MONTH/YEAR OF THIS REPONAME OF EMPLOYEE	POSITION/TITLE OF EMPLOYEE

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
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SIGNATURE OF SUPERVISOR	DATE SIGNED

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

Monthly Activities:

- 1) Plan, facilitate and conduct Parent Meetings at the Site and Agency level
- 2) Supervise Parent Involvement Staff
- 3) Assist with facilitating of Parent Education meetings dealing with mental health, parenting, or social service
- 4) Develop MOUs with Community Agencies to provide resources to families
- 5) Complete Grantee and OHS reports as needed.
- 6) Assist as back up Parent Involvement Staff
- 7) Assist Governing Parent Policy Committee with clarification and implementation of Pogram Governance c
- 8) Facilitate Policy Committee meetings.
- 9) Complete and submit all Agency reports as required by Service Area

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