

**SEQUATCHIE VALLEY HEAD START
Monitoring Checklist for Center Visits**

Center: _____

Date: _____

Staff member(s) visiting the center:

- | | |
|---|---|
| <input type="checkbox"/> Head Start Director | <input type="checkbox"/> Family & Comm. Partnership Mgr |
| <input type="checkbox"/> Transition/Training Manager | <input type="checkbox"/> ECD & Health Services Mgr |
| <input type="checkbox"/> Special Services/Disabilities Coord. | <input type="checkbox"/> Education / Mentor Teacher Spec. |
| <input type="checkbox"/> Clerk / Health Aide | <input type="checkbox"/> Trspt/Info Mgmt Spec. |
| <input type="checkbox"/> Other Staff Member _____ | <input type="checkbox"/> Other Center Staff: _____ |

Time In: _____ **Time Out:** _____

Time Spent at Center: _____

Reason(s) for Visit (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Deliver Supplies &/or mail | <input type="checkbox"/> Pre-Referral Team | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Observation &/or Center Visit | <input type="checkbox"/> IEP Meeting | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Monitor Records/Staff Calendar | <input type="checkbox"/> Volunteer Training | <input type="checkbox"/> Parent Meeting |
| <input type="checkbox"/> Performance Appraisal | <input type="checkbox"/> Staff Training | <input type="checkbox"/> Parent Training |
| <input type="checkbox"/> Center Committee Meeting | <input type="checkbox"/> Volunteer Assignment | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Staff Assignment | <input type="checkbox"/> Staff / Parent Conference |

Items Delivered: _____

Items Picked Up: _____

Notes: _____

Center Staff Observed: _____

Comments/Follow-up Needed: _____

Was center inviting/staff greeted by name? _____

Check appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Copy left at center | <input type="checkbox"/> Copy forwarded to: _____ |
| <input type="checkbox"/> Copy to be sent to center | <input type="checkbox"/> Immediate follow-up needed by management staff |

Staff completing visit or assigned to complete form

Center Staff (optional)