

Monthly Participation Report for BIE FACE Program Evaluation for PY18 (Program Year July 1, 2017– June 30, 2018)

The primary intent of this report is to provide information to the BIE and your Technical Assistance providers about the monthly operation of your program. Data may also be used by RTA to provide estimates of participation during the year, but this form is not the source of data reported in the annual evaluation report.

By the 5th of each month, please email or fax this report of participation during the preceding month to all below:

PAT: email mary.huggins@parentsasteachers.org, or fax 314 432-8963

NCFL: email face@familieslearning.org or fax 502 470-9888

RTA: email vyarnell@rtainc.com or fax 913 451-8190

FACE School: _____

Month of service: _____
Month Year

Home-based Services

1. During how many days were direct home-based services offered to families this reporting month? _____ days

2. Home-based services provided to families this reporting period:

	Parent Educator 1 Name:	Parent Educator 2 Name:
Number of days during which parent educator provided direct services (personal visits or FACE Family Circles)	_____	_____
Number of personal visits offered this month	_____	_____
Number of personal visits completed this month	_____	_____
Total hours of personal visits completed this month.	_____	_____

3. FACE Family Circle topic(s) this month: _____

Areas of emphasis: _____

Number of FACE Family Circles offered this month: _____

Total hours of Family Circle completed this month _____

Number who attended FACE Family Circles this month: _____ Adults _____ Children

4. Participation in home-based services this month:

	Parent Educator 1 Name:	Parent Educator 2 Name:
How many families were enrolled in home-based services this month (whether or not they participated this month)?	_____	_____
How many families participated in home-based services this reporting month (personal visits or FACE Family Circles)?	_____	_____
How many <i>prenatal</i> children received personal visits this month?	_____	_____
How many children from <i>birth to 3</i> received personal visits this month?	_____	_____
How many children from <i>3 to 5</i> received personal visits this month?	_____	_____
How many <i>kindergartners</i> received personal visits this month?	_____	_____
How many adults received personal visits this month?	_____	_____

Center-based Services

1. During how many days were center-based services offered this reporting month? _____ days

2. How many hours were offered in each center-based component this reporting month?

_____ Total hours of Adult Education offered this reporting month (don't count PACT Time, Parent Time, or lunch)

_____ Total hours of FACE Preschool offered this reporting month (don't count PACT Time or lunch)

_____ Total hours of PACT Time offered this reporting month (don't count lunch)

_____ Total hours of Parent Time offered this reporting month

3. Number of center-based participants during the reporting month:

Number of center-based participants

How many adults were **enrolled** in center-based services this month (whether or not they participated this month)?

Full Time _____
Part Time _____
Flex Time _____

How many adults **participated** in center-based services this reporting month?

Full Time _____
Part Time _____
Flex Time _____

How many adults participated in Adult Education? _____

How many adults participated in PACT Time with FACE preschool children? _____

How many adults participated in PACT Time with their K-3 child? _____

How many adults participated in Parent Time? _____

How many children were **enrolled** in FACE preschool this month (whether or not they participated this month)? _____

How many children **attended** FACE preschool this reporting month? _____

How many *families* participated in center-based services this reporting month? _____

Screening, referrals, and other services that occurred this month.

1. Number of home- and center-based participants receiving screening services during the reporting month:

	Home-based	Center-based
How many participating children were screened this month?	_____	_____
How many were screened with the ASQ-3?	_____	_____
How many were screened with the ASQ:SE?	_____	_____
How many received hearing screening?	_____	_____
How many received vision screening?	_____	_____

	Home- based	Center- based
How many participating children had delays or concerns <u>identified</u> ?	_____	_____
How many special needs children participated this month?	_____	_____
How many participating children were <u>referred</u> for further evaluation or service?	_____	_____
How many participating children received outside resource support this month?	_____	_____
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How many participating adults were screened or assessed?	_____	_____
How many special needs adults participated this month?	_____	_____
How many participating adults received outside resource support this month?	_____	_____
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How many children received books from Imagination Library this month?	_____	_____

2. Describe program successes for this reporting month.

3. Describe program challenges for this reporting month.

4. Describe what steps your program is taking to improve (i.e., to address the challenges).

5. Describe the following team tasks that occurred this month for:

- Teambuilding

- Recruitment

- Parent engagement

- Transitions