**Title IC Monitoring – Preschool**

**Submit the following forms 2 weeks prior to the onsite visit**

Project Administering Preschool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of project)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Address) (City) (County)

Project Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (email address) (phone number)

Preschool Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City) (Zip)

Preschool Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (email address) (phone number)

**Title I-C Monitoring - Preschool**

**Eligible Migrant Students**

Number of certified migrant eligible students age 3 – 5 in your area: \_\_\_\_\_ (a)

Total number of eligible migrant students served using preschool funds during regular year: \_\_\_\_\_ (b)

Total number of eligible migrant students served using preschool funds during summer school: \_\_\_\_\_ (c)

Percentage of preschool students served during regular year: \_\_\_\_\_\_\_ b divided by a

Percentage of preschool students served during summer school: \_\_\_\_\_\_\_ c divided by a

What percentage of eligible student of ages 3-5 attend preschool? \_\_\_\_\_\_\_\_\_

What percentage of eligible student of ages 3-5 have their parents reading with them nightly and using the checklist or brochure to record skills? \_\_\_\_\_\_\_\_\_\_

What number of preschoolers do you know have used Stride Academy? \_\_\_\_\_\_\_\_\_

What percentage of preschoolers use a checklist or brochure on a regular basis with their parents support? \_\_\_\_\_\_\_\_

…………………………………………………………………………………………………………………….

**Preschool Program**

Duration:

Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days each week: \_\_\_\_\_

Hours each day: \_\_\_\_\_

Facilities: List additional sites if there is more than the one listed at the beginning of the document.

Address of preschool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City) (Zip)

**Transportation**

Is transportation provided? \_\_\_\_ yes \_\_\_\_ no

If “yes”, describe:

**Title I-C Monitoring - Preschool**

**Preschool Staff**

|  |  |  |
| --- | --- | --- |
| **Teacher Names** | **Qualifications** | **Hours per week** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Paraprofessional Names** | **Qualifications** | **Hours per week** |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Staff paid with Preschool allocation**

|  |  |  |
| --- | --- | --- |
| **Name and Position**  | **Number and FTE of staff in position** | **Hours per week** |
| Clerical |  |  |
| Counselors |  |  |
| Transportation |  |  |
| Recruiters |  |  |
| Other, describe: |  |  |

Adult to child ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe professional development:
2. Describe how growth of the students in the program will be measured. Provide sample of teacher created materials.