**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)

**Consultation**

The preschool plan must be developed in consultation with at least two parents of participating children (other than board members), teachers, administrators, and other pupil service personnel. Please list the names, phone numbers, and representatives’ roles.

**Consultants**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Phone Number** | **Parent** | **Teacher** | **Administrator** | **Other, describe** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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)

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

**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:

Describe:

1. Family literacy activities:
2. Family activities:
3. Family involvement:

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_

Describe professional development:

1. Process for selection of activities.
2. Needs of students met by activities.
3. Professional development provider.
4. How are the activities evaluated for effectiveness?
5. Describe how growth of the program will be measured.

**Title I-C Monitoring - Preschool**

**Program Description**

ODE staff will review the preschool action plan submitted with the project subgrant application. Please complete the following table as evidence that the preschool action plan is implemented.

Complete one page for each goal.

List the Goal the action plan met: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategy** | **Describe implementation of strategy** | **Describe students progress due to this strategy** | **Has this strategy been evaluated? If yes, submit evaluation****YES NO** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*(Duplicate and add rows as needed)*

**Program Collaboration:**

* Collaboration with local programs serving local 3 – 5 population/partners
* Transitioning to next education environment

**Program Evaluation** – relate to program objectives (who, when, indicators, adjustments)