**Title IC Monitoring – Preschool**

**ONSITE PRESCHOOL PROGRAM**

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**

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

**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 was measured. Provide sample of teacher created materials.