**FAMILY SERVICES MONTHLY REPORT (2012-13/CH)**

**Family Resource Worker/Head Start**

**~DO NOT ALTER THIS REPORT~**

**Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month:\_\_\_\_\_ Center or Class Code(s):\_\_\_\_\_\_\_\_\_\_\_**

***Brief* Report Overview & Major Accomplishments:**

**List Major Accomplishments:**

**Trainings/Workshops attended (within HS/EHS Program and out of program):**

**Title: Date: No. of Hours:**

**Monthly Statistics**

**Head Start Family Services Contact Totals**

**Instructions: Do not duplicate contacts-put numbers in the appropriate column only.**

**In addition- document your contacts and partnerships on your Blue Family Service card.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phone Contact with Center parent/guardian or foster parent** | **Written Contact to Center Base parent, guardian or foster parent** | **Center Visit with parent/guardian or foster parent** | **In-Home Visit****With parent/guardian or foster parent** | **Meeting Contact****(see below)** | **Other Contact** |
| **Total: \_\_\_\_\_\_*****Includes phone contact attempts w/ messages left, etc.*** | **Total: \_\_\_\_\_\_*****Includes mailings, notices, cubby notes, etc.*** | **Total: \_\_\_\_\_\_*****Includes visits scheduled or unscheduled in Center Office and documented on In-Kind.*** | **Total: \_\_\_\_\_*****Includes scheduled and unscheduled home visits-documented on In-Kind.*** | **Total: \_\_\_\_\_\_*****IFSP’s. IEP’s, and ISP’s, special planning meetings with families documented on In-Kind.*** | **Total: \_\_\_\_\_\_*****May include brief home or center visits at pick up and drop off time (15 minutes or less).*** |

**Family Services Center Base Documentation for the Month**

**-Fill in each area as requested with a number, zero or line through it-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1)Family Partnerships and/or Maps*****completed* this month** | **2)Family Partnerships and/or Maps****started and *in progress* this month** | **Family Identified Needs Assessmt.****(interior of white mapping card) completed this month** | **Referrals and/or community connections made for parents on your case load** | **Child Abuse Reports made or notified of this month** |
| **Total: \_\_\_\_\_\_\_\_** | **Total: \_\_\_\_\_\_\_\_** | **Total: \_\_\_\_\_\_\_\_** | **Total: \_\_\_\_\_\_\_** | **Total: \_\_\_\_\_\_\_\_** |

**Names must be listed and match the above numbers for 1) and 2):**

1. **List parents with *completed* Family Partnerships this month:**

**Child’s Name: Parent(s) Name: Class Code: Map completed- Yes No:**

1. **List parents with a Family Partnership in progress this month:**

**Child’s Name: Parent(s) Name: Class Code: Map completed- Yes No:**

**3) Of the families listed in 1 & 2- list the family/name that one or more of the following occurred during the month, as well as other families that fit into these categories. *To avoid duplication* do not continue to list on-going families.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Homeless and/or number of times homeless** | **Receiving Kinship Care** | **Placed in foster care:** | **Incarcerated:** |
| **Parent: Child: No. of times:****Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Parent: Child:****Total; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Child: Foster family:****Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Parent: Child:****Total: \_\_\_\_\_\_\_\_\_\_\_\_** |

**Child Development Documentation for the Month**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Immunizations and/or Well Baby or Child Physicals** | **Ages & Stages Screening** | **Health Plan****Record Plans of****Action** | **Transitions** | **Provide Information and/or support for Curriculum** |
| **Total this month: \_\_\_\_\_\_** | **ASQ:****Total this month:\_\_\_\_\_\_\_****ASQ SE:****Total this month:****\_\_\_\_\_\_\_\_** | **Total this month: \_\_\_\_\_\_\_****(should also be on Family Partnership****Agreement)** | **Number of Transitions on case load this month-****Total:****\_\_\_\_\_\_\_\_\_\_** | **Total this month:****\_\_\_\_\_\_****Comments:** |

**Events/Activities/Meetings/Other**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Nights:** | **Center Classroom Activities:** | **Parent Center Committee Meetings (Home and Center Base must be included for your center):** | **Other: Child Development Days, Fatherhood Event, Holiday event, etc** | **Head Start Committees or Community Committee Meetings/Agency Mtgs. Attended:****↓Total Mtgs: \_\_\_\_\_\_Total hours: \_\_\_\_\_\_\_\_** |
| **Yes No****Theme:**  | **Yes No****Theme:** | **Yes No****Do you have a Parent Center Chairperson?****Yes No** | **Yes No****List other events:** | **Committee Name: Date: Hours:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Classroom Sub Hours****Total: \_\_\_\_\_\_\_\_\_\_\_** | **Dates:** | **Location:** | **Class Code:** |

|  |
| --- |
| **Community Agreements created this month:****Community Agreement Name: Date(s) of Agreement: Original has been sent to F & CP Team Leader** |
| **1)****2)** |

|  |  |
| --- | --- |
| **Priorities for Next Month:** | **Concerns (*personnel concerns* go to supervisor):** |

**Date submitted: \_\_\_\_\_\_\_\_\_\_FRW Initials:\_\_\_\_\_\_\_\_/Send copy to F & CP Team Leader within first 5 dys. of new month**