



Child Family Services MONITORING INSTRUMENT

* Early Head Start * Head Start * Migrant/Seasonal Head Start *

Agency: _____ Location: _____ Service Options: ___ Center Based ___ Home Based ___ FCCH

Self Monitoring completed by: _____ Date: _____

Grantee Monitoring completed by: _____ Date: _____

FAMILY AND COMMUNITY PARTNERSHIPS

| | Self Monitoring | | Delegate/DO Monitoring | | Grantee Monitoring | | Comments *Please date & initial comments |
|---|-----------------|-------------------|------------------------|-------------------|--------------------|-------------------|--|
| | In Compliance | Out Of Compliance | In Compliance | Out Of Compliance | In Compliance | Out Of Compliance | |
| §1304.40 Family Partnerships | | | | | | | |
| (a) Family Goal Setting | | | | | | | |
| (b) Accessing Community Services and Resources | | | | | | | |
| (c) Services to Pregnant Women, Infants, and Toddlers | | | | | | | |
| (d) Parent Involvement – General | | | | | | | |
| (e) Parent Involvement in Child Development and Education | | | | | | | |

| | Self Monitoring | | Delegate/DO Monitoring | | Grantee Monitoring | | <p style="text-align: center;">Comments</p> <p style="text-align: center;">*Please date & initial comments</p> |
|---|-----------------|-------------------|------------------------|-------------------|--------------------|-------------------|---|
| | In Compliance | Out Of Compliance | In Compliance | Out Of Compliance | In Compliance | Out Of Compliance | |
| (f) Parent Involvement in Health, Nutrition and Mental Health Education | | | | | | | |
| (g) Parent Involvement in Community Advocacy | | | | | | | |
| (h) Parent Involvement in Transition Activities | | | | | | | |
| (i) Parent Involvement in Home Visits | | | | | | | |
| §1304.41 Community Partnerships | | | | | | | |
| (a) Partnerships | | | | | | | |
| (b) Advisory Committees | | | | | | | |
| (c) Transition Services | | | | | | | |