

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: _____

DISABILITIES

	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	
§1308 Children with Disabilities							
(.4) Disabilities Service Plan							
(.5) Recruitment and Enrollment							
(.6) Assessment							
(.7-.17) Eligibility							
(.18) Health Services Coordination							
(.19) Developing IEP's							
(.20) Nutrition Services							
(.21) Parent Participation and Transition							