



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: _____

ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND ATTENDANCE

	Self Monitoring		Grantee Monitoring		Comments *Please date & initial comments
	In Compliance	Out Of Compliance	In Compliance	Out Of Compliance	
§1305 Eligibility, Recruitment, Selection, Enrollment, and Attendance in Head Start					
3. Determine community strengths/needs					
4. Age of children and family income eligibility					
5. Recruitment of children					
6. Selection process					
7. Enrollment and re-enrollment					
8. Attendance					

