



**Doña Ana County Head Start
Parent, Family, and Community Engagement
Monthly Family Services Report**



Center: _____ **Date:** _____
Submitted By: _____

Services to Families:

- | | | |
|--|---|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Enrollments/Re-Enrollments | <input type="checkbox"/> Parent Reminder |
| <input type="checkbox"/> Application F/U | <input type="checkbox"/> Eyewear | <input type="checkbox"/> PFCE Assessment |
| <input type="checkbox"/> Attendance F/U | <input type="checkbox"/> Family Concern F/U | <input type="checkbox"/> Phone Call |
| <input type="checkbox"/> Center Visit | <input type="checkbox"/> Family Outcomes | <input type="checkbox"/> Physical F/U |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Fam. Part. Agrmt. F/U | <input type="checkbox"/> Ready Rosie F/U |
| <input type="checkbox"/> Crisis | <input type="checkbox"/> Food | <input type="checkbox"/> Referrals F/U |
| <input type="checkbox"/> Dental F/U | <input type="checkbox"/> Home Visits | <input type="checkbox"/> Resources |
| <input type="checkbox"/> Eligibility Determination | <input type="checkbox"/> Hgb/Hct F/U/Lead/FU | <input type="checkbox"/> Texts |
| <input type="checkbox"/> Emails | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Transition/Transfer |
| | <input type="checkbox"/> Legal | <input type="checkbox"/> Transportation |

Other:

Further Detail:

Total number of Center Family Partnership: _____

Other Duties Performed:

