

**COLLEGE OF SOUTHERN IDAHO HEAD START/ EARLY HEAD START
CENTER SUPERVISOR ACTIVITY REPORT**

MONTH/YEAR:

CENTER:

Sick Days

Vacation Days

Accomplishments:

Concerns/Frustrations:

Recruitment:

Staff	Date	Placement Site	Address	Contact	Phone	Pull-Tab	Pre-Ap	Notes

Public Relations Activities: (Newspapers, Radio, TV, other)

Presentations to Public: (Please include dates for upcoming events as well)

Number of Applications Turned into Central Office this Month:

TRAINING PROVIDED/ARRANGED	TRAINING ATTENDED
COMMUNITY MEETINGS ATTENDED	HS/ EHS MEETINGS ATTENDED

Monitoring/Observations: (Facility, Classroom and Playground)

Reflective Supervision:

Emerging Issues Related to Staff: (Morale, Evaluation, Hires, Resignations)

Major Donations:

Plans for Next Month: (Major Meetings, Priorities, Days Off)

Administrative _____ %

Direct Service _____ %

Date _____

Signature _____

**COLLEGE OF SOUTHERN IDAHO HEAD START/ EARLY HEAD START
MONTHLY CENTER WORKSHEET**

Center _____ Month/Year _____

CENTER ACTIVITIES:

Parent Meeting Training Social Other

DATE: _____

Present: _____

Trainer(s): _____

Children: _____

Agency Affiliation: _____

Parents: _____

In-Kind Signed: _____

Staff: _____

Subject/Activity: _____

Guest/Volunteer: _____

Parent Meeting Training Social Other

DATE: _____

Present: _____

Trainer(s): _____

Children: _____

Agency Affiliation: _____

Parents: _____

In-Kind Signed: _____

Staff: _____

Subject/Activity: _____

Guest/Volunteer: _____

Parent Meeting Training Social Other

DATE: _____

Present: _____

Trainer(s): _____

Children: _____

Agency Affiliation: _____

Parents: _____

In-Kind Signed: _____

Staff: _____

Subject/Activity: _____

Guest/Volunteer: _____

PUBLIC SPEAKING PRESENTATIONS:

Group Name: _____

Date: _____

Staff Name: _____

Parent Name: _____

Group Name: _____

Date: _____

Staff Name: _____

Parent Name: _____

DATE: _____

SIGNATURE: _____