**Title IC Monitoring – Preschool**

**SITE BASED PRESCHOOL PROGRAM**

Project Administering Preschool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of project)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (City) (County)

Project Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Email address) (Phone number)

Preschool Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (Zip)

Preschool Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Email address) (Phone number)

**Title I-C Monitoring - Preschool**

…………………………………………………………………………………………………………………….

**Preschool Program**

Duration:

Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days each week: \_\_\_\_\_

Hours each day: \_\_\_\_\_

Facilities: List additional sites if there is more than the one listed at the beginning of the document.

Address of preschool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (Zip)

**Transportation**

Is transportation provided? \_\_\_\_ yes \_\_\_\_ no

If “yes”, describe:

**Funding**

**Is this program solely supported by Title IC funds?** \_\_\_\_ yes \_\_\_\_ no

If “no”,

1. describe the funding sources that supports this program, and break it down the sources percentage and dollar amount that are being braided with Title IC
2. describe how many non-migratory children and migrant children are being served:

**Title I-C Monitoring - Preschool**

**Preschool Staff**

|  |  |  |
| --- | --- | --- |
| **Teacher Names** | **Qualifications** | **Hours per week** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Paraprofessional Names** | **Qualifications** | **Hours per week** |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Staff paid with Preschool allocation**

|  |  |  |
| --- | --- | --- |
| **Name and Position** | **Number and FTE of staff in position** | **Hours per week** |
| Clerical |  |  |
| Counselors |  |  |
| Transportation |  |  |
| Recruiters |  |  |
| Other, describe: |  |  |

Adult to child ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe professional development (not limited to OMESC):
2. Describe how growth of the students in the program was measured. Provide sample of teacher created materials.
3. Briefly describe the curriculum you are implementing or guiding instruction. Submit an example of a lesson.
4. Explain your enrollment practices.

a) How do you reach out to families? (Attach examples of flyers)

b) How do you select students over other? What is your internal protocol for enrollment?

1. Explain how you evaluate this program.