Commission on Economic Opportunity for the Greater Capital Region, Inc.

Early Head Start/Head Start

Education Documentation Tracking Form

Teacher's Name_____Center_____Class_____Month/Year _____

Child's Name	Start Date	45 Day Dead-line	Home Visits/Parent-Teacher Conferences and Family Conference Form				eDECA (Oct.)	Child Concern	eDECA (Jan.)	Child Concern	ASQ	Child Concern
			Initial Home Visit	Nov. Conf.	Feb. Conf.	Final Home Visit	Date Done	Y or N	Date Done	Y or N	Date Done	Y or N

PLEASE USE THE FOLLOWING KEY FOR HOME VISITS AND P/T CONFERENCES: R=Refused S=Attempting to Schedule T=Transferred W=Withdrew

Email completed form to EduTeam@ceoempowers.org

REVISED – AUG 2021