

*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**  
*Please indicate a concern on the ASQ if the child has a score that falls in one dark grey area and/or two or more scores that fall within the light grey area. Please indicate a concern on the eDECA if the child has any score that falls within the red range.*

**Email completed form to [EduTeam@ceompowers.org](mailto:EduTeam@ceompowers.org)**