

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				ASQ/ESI	Child Concern	eDECA (Oct.)	Child Concern	eDECA (Feb.)	Child Concern
			Initial Home Visit	Dec. Conf.	Mar. 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