



**Spokane County Head Start/ECEAP/EHS
EDUCATION COMPLETION DATES SUMMARY**

Teacher _____ Classroom _____
 a.m. p.m. full day
 Submit updated form to the center manager monthly.

CHILD'S NAME	Birth date	Enrollment date	45-day date	COMPLETION DATES (MONTH/DAY/YEAR)					NOTES
				Child Developmental History (30 days)	Home Visit #1 / CIP	Conference #1 / CIP	Home Visit #2 / CIP	Conference #2 / CIP	