

Voluntary PreKindergarten – VPK Monitoring

Reviewer: _____ Date of Review _____ Time _____ to _____

VPK Provider _____ ID # _____ Phone _____

Address _____ City/Zip _____ License # _____ Exp. _____

Director/Owner _____ Accreditation _____ Expires _____

VPK Program Type: Indicate those that apply to this provider

School Year: _____ to _____ <small>MM/DD/YY MM/DD/YY</small> am session hrs: _____ to _____ pm session hrs: _____ to _____	Summer: _____ to _____ Hours: _____ to _____
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VPK Program Staff

Class #	VPK Staff on Record	Title or Position	Actual Staff Present	Number of Children Present	V P K Stand.	Emergent Literacy Training	Curriculum Training	VPK 11 On File.
A.		Lead						
A.		Assistant						
B.		Lead						
B.		Assistant						
C.		Lead						
C.		Assistant						

File Review: Mark an "X" for reviewed

Daily Attendance Sign in/out	Monthly Attendance Form	Delayed Enrollment Form

Curriculum:

Class #1 _____
 Class #2 _____
 Class #3 _____

Evidence of:

Lesson Plans Posted and followed?

On-going Observations?

Schedule posted & followed?

Emergent Literacy? Language Communication? Cognitive Development? Fine Motor and Gross Motor Dev.?

Social Emotional? Physical Health? (planned And/or meaningful instruction) Mathematical and Scientific Thinking

Examples/Other Information _____

Provider Representative _____ Title _____ Signature _____ Date _____