Washington State Early Childhood Education and Assistance Program (ECEAP)
Monthly Program Activity Form (PAF)

PROGRAM YEAR: 2007

Reporting month: _____

Site name: _____

Site code (e.g., ABER-0001): _____

For more than four classes, use additional forms as necessary.

Service Delivery:	**Class Name** *(e.g., Ms. Jones' am class)* _____	**Class Name** *(e.g., Ms. Jones' pm class)* _____	**Class Name** _____	**Class Name** _____
1. Number of class sessions this month: *"Class" means each session of regular ECEAP activities with a single group of children, such as:* *- One AM class in a center* *- One licensed family child care home* *- One group of home-based children who share a peer experience.*				
2. Number of hours of educational planning meetings between teacher and parent/caretaker completed this month:				
3. Number of hours of adult contact addressing family support needs completed this month:				
4. For home-based classes only: Number of hours of home-based education sessions completed this month (*comprehensive educational services delivered in the child's home*).				
5. For home-based classes only: Number of peer experiences held during this month (*weekly interactions between ECEAP children and other preschool-age children outside the home*).				
6. (This question no longer required.)				

7. Number of ECEAP-sponsored family events this month *(family activities, parent education opportunities, policy council meetings, etc)*:	
8. Number of adults *(not including staff)* and children present at ECEAP-sponsored family events this month:	
9. Number of adult volunteers this month:	
10. Total number of volunteer hours contributed this month *(in class or other projects)*: *Note: To report additional information regarding volunteer contributions, use the Additional Resources section under the FMIS Budget of the EMS.*	
11. Number of eligible 4-year-olds on **waiting list** on last day of this month:	
12. Number of eligible 3-year-olds on **waiting list** on last day of this month:	
13. Number of professional referrals made this month (health, social, etc): *Referrals may be made verbally or in writing and must be documented.*	