<table>
<thead>
<tr>
<th>Parent &amp; Child</th>
<th>TEA Y/N</th>
<th>Partnership Agreement Date</th>
<th>Contact Type (Home Visit, Center, Phone, Other) and Dates/Subject</th>
<th>Emergency Crisis Intervention Type &amp; Date</th>
<th>Transfer (where) or Drop Date</th>
<th>Employment Assistance by F.S.W.</th>
<th>Transportation provided by F.S.W. Date Where/When</th>
<th>Short Term/Long Term Goal Accomplished</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's DOB</td>
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</tr>
</tbody>
</table>

MID-DELTA HEAD START
PARENT, FAMILY, AND COMMUNITY ENGAGEMENT TRACKING FORM

Submit to Head Start Family Service Coordinator the last working day of the month.

MONTH/YEAR: ____________________________

CENTER: ____________________________

FAMILY SERVICE WORKER: ____________________________

TEACHER: ____________________________

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