

2019-2020 Preschool Tuition Assistance - YEAR END REPORT

Early Childhood Iowa Lakes Region *Updated February 2019

Instructions: Please complete the following information **only for the children who received preschool tuition assistance** in your program during (2019-2020) preschool program year.

Preschool Name: _____

Address: _____

Signature of Person Completing Form: _____

Please list the total # of children receiving preschool tuition assistance: _____

Ages of children whom are attending preschool receiving tuition (Ages as of September 15th)

_____ 3-4 years old

_____ 4-5 years old

_____ 5-6 years old

Of children receiving preschool tuition assistance, the number who completed the preschool program: _____

Education Level of the Lead Teacher (total # of each) _____

(Please mark all that apply)

_____ AA, related field

_____ AA in ED or CD

_____ BA/BS in ED or CD

_____ CDA

_____ GED

_____ HS Diploma

_____ Post Graduates Degree

_____ Teaching License w/ EC endorsement

Identify assessment tool used to determine the children's development:

(Please mark all that apply)

_____ GOLD

_____ Creative Curriculum

_____ Brigance

_____ Ages and Stages Questionnaire (ASQ)

_____ Individual Growth and Development Indicators (IGDI)

_____ High Scope

_____ Ireton Development Checklist

_____ Saxon Math

_____ Locally Developed (Please Describe)

***Number of children receiving tuition assistance who were screened for development:** _____

*Of those children screened, the number of children demonstrating age appropriate skills: _____

*Of those children screened, the number referred for additional services or treatment: _____

*Number and age of children who received transportation assistance from ECI Lakes Region: _____

*Number of days transportation was provided: _____

*Percentage of days that children attended preschool that were provided transportation: _____

Quality Standard(s) Achieved by Preschool

(Please mark all that apply)

- _____ NAEYC accredited
- _____ NAFCC accredited
- _____ Head Start
- _____ Iowa Quality Preschool Program Standards (IQPPS) verified
- _____ QRS Level 3
- _____ QRS Level 4
- _____ QRS Level 5
- _____ QRIS Level 1
- _____ QRIS Level 2
- _____ QRIS Level 3
- _____ QRIS Level 4
- _____ QRIS Level 5

This form is due to the Early Childhood Iowa Lakes Region with the last voucher for payment or no later than May 15, 2019. The completed form may be sent to ECI Lakes Region, PO Box 146, Sheldon IA 51201 or emailed to pmkarolczak@gmail.com.

Thank you.