



Monthly Check-in

Date _____

School/Center _____

Class _____ Teacher _____

How many students are currently enrolled in your class? _____

What date does/did the first child turn 5? (N/A if you answered in September)

Do you need any supplies or have any concerns about implementing the program in your class next month?

Please feel free to call/text me with any questions.

Julie Pitts
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