

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)

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

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

Julie Pitts

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