



VPK Monitoring Tool
Early Learning Coalition of Indian River, Martin & Okeechobee Counties, Inc.

Provider/Name: _____	ID# _____	Date: _____	Time In _____ Time Out _____
Address: _____		Staff Monitoring: _____	
Phone #: _____	Program Year: _____	School Year <input type="checkbox"/>	Summer <input type="checkbox"/>
Director: _____	POP: <input type="checkbox"/> Yes <input type="checkbox"/> No Implementing Improvement Plan <input type="checkbox"/> Yes <input type="checkbox"/> No		
Director Credential Current Yes <input type="checkbox"/> No <input type="checkbox"/>	License/Gold Seal/Accreditation Current: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Expiration Date: _____	Expiration Date: _____		

Objective	Yes	No	
Classroom (Circle One): A B C D E F			
1. Class Information:			Activity Observed: _____
Instructor/Assistant (Match Desk Audit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MUST check this box and submit a VPK 11 within 14 calendar days if Partial or No is checked and the instructors (s) are permanent (Date due) _____
Substitute 1 (Name): _____ Substitute 2 (Name): _____	<input type="checkbox"/>	<input type="checkbox"/>	If No is checked, funds will be withheld
VPK Class Schedule on VPK 11B From _____ To _____ Operating within Approved Schedule	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor to child ration met: Ratio _____ to _____ Number VPK Students _____ Non VPK _____	<input type="checkbox"/>	<input type="checkbox"/>	Fall 1 instructor to 11 students. 2 instructors 12-20 students (if space allows) Maximum class size is 20' Summer 1 instructor to 12 students

Objective	Yes	No	Notes
2. Documentation:			
Sign-in/out forms complete	<input type="checkbox"/>	<input type="checkbox"/>	
Signed parent monthly verification long/short form List missing name of children missing forms:	<input type="checkbox"/>	<input type="checkbox"/>	
Substitute Teacher Tracking Form	<input type="checkbox"/>	<input type="checkbox"/>	
3. VPK Program Curricula:			
VPK Standards noted in written lesson plans	<input type="checkbox"/>	<input type="checkbox"/>	
Developmentally appropriate activities (no worksheets)	<input type="checkbox"/>	<input type="checkbox"/>	
Curriculum Certified on Form OEL-VPK 11A is utilized in classroom	<input type="checkbox"/>	<input type="checkbox"/>	
Implementation of VPK Pre/Post Assessment POP: AP1 <input type="checkbox"/> AP2 <input type="checkbox"/> AP3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance **Non-Compliance For:** _____
 For Non-Compliance: The Provider has 14 calendar days to submit a **VPK 11 and/or Corrective Action Plan**. Failure to do so will result in termination of the VPK Agreement

 ELCIRMO Representative Signature

 Date

 Signature Director /Teacher
 ELCIRMO 11/4/2014 Rev. 8.3.16

 Date

Language and Communication & Emergent Literacy Domain, Emergent Reading and Phonological Awareness (the ability to recognize and manipulate speech sounds within spoken language)

Listening

Vocabulary

Word Wall

Sentence Segmenting

Compound Words (combines/deletes)

Syllables (combines/deletes)

Rhyming

Alliteration

Onset (first sound) & Rime (vowel sound & rest of the word)

Alphabetic Knowledge

Comprehension (explicit and implicit questions asked)

Emergent Writing (all around the room, writing center)

Comments and Recommendations: