



Date : \_\_\_\_\_

## Curriculum Monitoring

Early Learning Coalition of Indian River, Martin and Okeechobee Counties, Inc.

**Ratio:** \_\_\_\_\_ **List Curriculum Used :** \_\_\_\_\_  
**Have you been trained on Curriculum Y / N**

**Center:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

<b>Time In/ Out</b>	<b>Evidence of Curriculum Being Used</b>	<b>Y / N</b>
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**OEL approved** ☐ Yes ☐ No

0 = Not Met                      1 = Partially Met                      2= Met

### **Developmentally Appropriate Program (DAP)**

1. **Daily schedule has a balance of teacher / child(ren) initiated activities.**                      0   1   2

2. **Daily schedule is posted and followed.**                      0   1   2

3. **Observed application of the curriculum in the following learning centers:**                      0   1   2  
(Minimum requirement is 3 of the following centers:)

- |  |                                  |                                    |                                       |
|--|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dramatic Play | <input type="checkbox"/> Library | <input type="checkbox"/> Science   | <input type="checkbox"/> Math         |
| <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Blocks  | <input type="checkbox"/> Art       | <input type="checkbox"/> Computer     |
| <input type="checkbox"/> Sand/Water    | <input type="checkbox"/> Music   | <input type="checkbox"/> Listening | <input type="checkbox"/> Outdoor Play |

☐ Other

4. **DAP materials, experiences, and self-selected choices meet ELC criteria (SR Monitoring Tool and Performance Standards)**

☐ **Yes**

☐ **Needs Improvement—What areas?**

\_\_\_\_\_

\_\_\_\_\_

5. **Technical assistance requested** ☐ **Yes** ☐ **No**

**Section 1002.88, Florida Statutes, School Readiness program; provider eligibility to deliver the school readiness program.**

**(1) To be eligible to deliver the school readiness program, a school readiness program provider must ... (f) Imple-**

## Character Development

Name of Character Development program used?

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Character Education supported by: \_\_\_\_\_

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Character Development evidenced as seen in lesson plans? \_\_\_\_\_

Any recommendations on enhancing programs character development skills?

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If yes, what are your recommendations? \_\_\_\_\_

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### **Monitoring Summary / Comments**

☐ Satisfactory

☐ Needs Improvement (see comments below)

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**Director/Teacher Signature:** \_\_\_\_\_

**Quality Specialist:** \_\_\_\_\_

**Date:** \_\_\_\_\_