

Curriculum Monitoring

Provider Name: _____ Date: _____ Time in: _____ Time out: _____
 Staff Monitoring: _____ Teacher Name: _____ Ratio: _____
 Classroom: _____

List Curriculum Being Used: _____	OEL Approved	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Evidence of Curriculum Being Used:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have You Been Trained on Curriculum?
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

0= Not Met	1= Partially Met	2=Met
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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
(Minimum requirement is 3 of the following centers:) | 0 | 1 | 2 |

__ Dramatic Play	__ Library	__ Science	__ Math
__ Manipulatives	__ Blocks	__ Art	__ Computer
__ Sand / Water	__ Music	__ Listening	__ Outdoor Play
__ Other	__ Other	__ Other	__ Other



4. DAP materials, experiences, and self-selected choices meet ELC criteria (SR Monitoring Tool and Performance Standards)
 YES NO (Needs Improvement)- Specify what areas below:

5. Technical Assistance Requested YES NO

Section 1002.88, Florida Statutes, School readiness program provider standards; eligibility to deliver the school readiness program

- (1) To be eligible to deliver the school readiness program, a school readiness program provider must... (f) Implement one of the curricula approved by the office that meets the child development standards.

Character Development

Name of Character Development program used? _____

Character Education supported by: _____

Character Development evidenced as seen in lesson plans?

- YES NO (Needs Improvement)- Specify below

Recommendations on enhancing programs character development skills?

Monitoring Summary / Comments

- Satisfactory Needs Improvement (see comments below)

Owner/Director Signature: _____

Date: _____

ELCIRMO Representative Signature: _____

Date: _____

