Full Utilization Of Head Start
SPRING DOCUMENTATION

Local school districts may complete Section 1 of this form in cooperation with their local Head Start Grantee. Submission to KDE or the Governor's Office of Early Childhood is not required. Please keep in your local files for documentation purposes.

School District _____ Head Start _____

As part of the Local Agreement For Cooperation On Full Utilization Of Head Start, local school districts are to communicate with Head Start programs to assure ongoing coordination of enrollment efforts. The local district must complete Section 1 of this form in cooperation with their local Head Start Grantee.

Section 1: Communication of Head Start Preliminary Enrollment

The Head Start director should confirm preliminary 2015-2016 Head Start enrollment figures to the district on May 31, 2015.

<table>
<tr><td colspan="2">Head Start Director: As specified in Section 3.5 of our local agreement, please indicate the preliminary 2014-2015 Head Start enrollment of 4 year-olds.</td></tr>
<tr><td>Our target number is (choose one):</td><td>☐ The 1989 "pre-KERA" number_____

OR

☐ Full Utilization agreed upon target number as listed in Section 3.2 of the District-Head Start local agreement _____</td></tr>
<tr><td>Number of 4 year-olds enrolled in Head Start as of May 31, 2015</td><td>_____ (Indicate number of 4 year-olds enrolled for the 2015-2016 school year)</td></tr>
<tr><td colspan="2">Rate progress towards meeting Full Utilization status:

☐ Very Satisfactory
☐ Satisfactory
☐ Not Satisfactory</td></tr>
<tr><td colspan="2">Suggestions for next steps:</td></tr>
<tr><td>Signature:</td><td>Date:</td></tr>
</table>

Note: Both the District and Head Start should maintain a copy of the completed worksheet.

Section 2: Optional Dates for Communication of Preliminary Enrollment

Additional boxes below *may* be used to facilitate communication between partners on additional optional dates as specified in section 3.5 of your local agreement

Head Start Director: As specified in Section 3.5 of our local agreement, please indicate the preliminary 2015-2016 Head Start enrollment of 4 year-olds.	
Communication Date:	
Our target number is (choose one):	☐ The 1989 "pre-KERA" number _____ **OR** ☐ Full Utilization agreed upon target number as listed in Section 3.2 of the District-Head Start local agreement _____
Number of 4 year-olds enrolled in Head Start as of _____, 2015	_____ (Indicate number of 4 year-olds enrolled for the 2015-2016 school year)
Rate progress towards meeting Full Utilization status: ☐ Very Satisfactory ☐ Satisfactory ☐ Not Satisfactory	
Suggestions for next steps:	

Head Start Director: As specified in Section 3.5 of our local agreement, please indicate the preliminary 2015-2016 Head Start enrollment of 4 year-olds.	
Communication Date:	
Our target number is (choose one):	☐ The 1989 "pre-KERA" number _____ **OR** ☐ Full Utilization agreed upon target number as listed in Section 3.2 of the District-Head Start local agreement _____
Number of 4 year-olds enrolled in Head Start as of _____, 2015	_____ (Indicate number of 4 year-olds enrolled for the 2015-2016 school year)

Rate progress towards meeting Full Utilization status: ☐ Very Satisfactory ☐ Satisfactory ☐ Not Satisfactory
Suggestions for next steps:

Head Start Director: As specified in Section 3.5 of our local agreement, please indicate the preliminary 2015-2016 Head Start enrollment of 4 year-olds.	
Communication Date:	
Our target number is (choose one):	☐ The 1989 "pre-KERA" number _____ **OR** ☐ Full Utilization agreed upon target number as listed in Section 3.2 of the District-Head Start local agreement _____
Number of 4 year-olds enrolled in Head Start as of _____, 2015	_____ (Indicate number of 4 year-olds enrolled for the 2015-2016 school year)
Rate progress towards meeting Full Utilization status: ☐ Very Satisfactory ☐ Satisfactory ☐ Not Satisfactory	
Suggestions for next steps:	