



Region 9 Head Start Creative Curriculum Signature Page

Name _____ School/Center _____ Teacher _____ Year _____
School/Center _____ Teacher _____ Year _____

Parents please sign and date as to when your teacher discusses the checkpoints.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

****Creative Curriculum Progress Checkpoints are due three times a year (fall, winter, spring).****