



## TEACHER RETENTION FORM

**Directors: Please note that it is necessary that CSN obtain all information below, for compliance with Smart Start reporting.**

### Professional Development Supplement

#### Monthly Teacher Retention Form

*Yr: 2010/2011*

**Program Name:** \_\_\_\_\_

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

Early Childhood Teaching Staff Name:	Position Held:	Hire Date:	Termination Date:	Reason for leaving:	Current Enrolled in (Name) College

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## VACANCY/ENROLLMENT FORM

**Directors: Please note that it is necessary that CSN obtain all information below, for compliance with Smart Start reporting.**

### **Monthly Vacancy/Enrollment Form**

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

**Program Name:** \_\_\_\_\_

**2010/2011**

<b>Age Group (Age Range)</b>	<b>Desired Capacity</b>	<b>License Capacity</b>	<b>FT Vacancy</b>	<b>PT Vacancy</b>	<b>Vacancy Date</b>	<b>Current Enrolled</b>	<b>Child/Staff Ratio</b>
Infant Age Group (0 - 9 Months)							
Infant Age Group (9 - 12 Months)							
Toddler Age Group (1 - 2 Years)							
Toddler Age Group (2 - 3 Years)							
Preschool Age Group (3 - 4 Years)							
Preschool Age Group (4 - 5 Years)							
School Age Group (5 - 10 Years)							
School Age Group (11 - 15 Years)							

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