

Bookstart Corner monitoring form



Bookstart
BookTrust

Family Identifier <i>(only for local use)</i>		Date signed up			
Criteria used to select family					
Eligible for 2 year early education grant	Referred by other agency eg Home-Start, Social Services, Health Visitor <i>(please give details below)</i>		Other <i>(please give details below)</i>		
Comments:					
Adults involved in session <i>(tick as per relationship to child)</i>					
	Mother/ Stepmother	Father/ Stepfather	Grandmother	Grandfather	Other <i>(please state)</i>
Date of session 1					
Date of session 2					
Date of session 3					
Date of session 4					
Date withdrew					
Reason withdrew	Comments:				
Follow up date					
Reported action as a result of participating in Bookstart Corner <i>(please tick below)</i>					
Still sharing books, stories or rhymes with child	Visited Bookstart Corner physical space in the setting	Accessed children's centre service <i>(please give details below)</i>		Accessed other service(s) <i>(please give details below)</i>	
Comments:					
Reported action as a result of participating in Bookstart Corner continued <i>(please tick below)</i>					
Signposted onto other services not yet accessed <i>(please give details below)</i>	Referred friend or family member onto Bookstart Corner		Expressed interest in becoming a parent volunteer		
Comments:					

You will not be required to submit any personal data about families participating in Bookstart Corner. This form is for your setting use only.

For more information visit
booktrust.org.uk/
bookstart-corner-tools



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 **BookTrust**
Getting children reading

Charity number 313343