**Sample Tracking Tool for Seedling Touchpads**

**(Add School Year Here)**

LEA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This tracking tool is intended to help each LEA keep track of the students who receive seedling touchpads provided by the North Carolina Homeless Education Program. This form is to be maintained for future monitoring purposes and requests made from the State Coordinators Office.

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| --- | --- | --- | --- | --- |
| **Date** | **Student Identification Number**  **0-5-year-old siblings** | **Nighttime Residence Status** | **Additional Comments**  **(i.e., distributed by school social worker, counselor, etc.) other** | **School Official Signature** |
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*Add more lines or columns as needed*

This section is only to be completed when submitted during monitoring or requested by the State Coordinators Office.

Homeless Liaison Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_