**Family Spirit Quarterly Outreach & Community Education Report**

Site:      Date:       Site Contact Person:       Phone Number/Contact Information:

Quarter:  Jan-Mar  Apr-June  Jul-Sept  Oct-Dec

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event Name | Date: | # in Attendance: | Funding Source:  (check all that apply) | Event Description:  (Purpose, activities, content of education provided, collaborating partners, and other descriptive information) |
|  |  |  | Tribal HV  Healthy Start  State HV  Other (please describe) |  |
|  |  |  | Tribal HV  Healthy Start  State HV  Other (please describe) |  |
|  |  |  | Tribal HV  Healthy Start  State HV  Other (please describe) |  |
|  |  |  | Tribal HV  Healthy Start  State HV  Other (please describe) |  |
|  |  |  | Tribal HV  Healthy Start  State HV  Other (please describe) |  |
|  |  |  | Tribal HV  Healthy Start  State HV  Other (please describe) |  |
|  |  |  | Tribal HV  Healthy Start  State HV  Other (please describe) |  |
|  |  |  | Tribal HV  Healthy Start  State HV  Other (please describe) |  |

**NEW Community Based Service Provider Agreements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency/Provider Name | Service/Function they Provide | Formal, signed agreement (check yes & note date signed) | Informal agreement (check if yes) | Name of person who is your key point of contact (check if there is one but name is unknown) |
|  |  |  |  |  |
|  |  |  |  |  |

**Family Spirit Group Lessons** (Number of group sessions where a Family Spirit Lesson was taught in a community/group setting)

|  |  |  |  |
| --- | --- | --- | --- |
| Location | FS Lesson(s) Taught | Number of Participant’s | Event Description |
|  |  |  |  |
|  |  |  |  |

\*\* This form is just to help track your information through the quarter the official report will be submitted through survey a survey monkey link sent out via email.\*\*