

READINESS TO LEARN - GROUP EVENTS AND SERVICES LOG

Event Date: _____

Event Name: _____

Event Location:

- School
- Community Center
- Church
- Park
- Other Community Agency/Office (Specify): _____

- Other (Specify): _____

Description of Event: _____

Audience: (Check all that apply)

- Children
- Families
- Parents/Caregivers
- Community
- School Personnel
- Other (Specify): _____

Primary Purpose of Event: (Check all that apply)

- Outreach/Information about RTL
- Information about Community Resources
- Provide for Family Basic Needs
- Improve Physical or Mental Health
- Reduce Substance Abuse or Violence
- Increase Family Involvement in School
- Consortium Meeting
- Other (Specify): _____
- Improve Parenting Skills
- Improve Academic Skills
- Provide Social/Recreational Activity for Students
- Coordinate Meetings with Other Agencies

Number of Participants: _____

Number of Times Met: _____