

## Month End Report

### Sexual Risk Avoidance Education Grant Program

Name of Agency/Organization: Enter Agency/Organization Name

For the month and year of: Enter Month & Year

1. **Students Receiving Instruction:** List the names and grade ranges of schools and the number and gender of students who are receiving instruction in the curriculum

School Name (Please indicate elementary school, middle school, etc.)	City/Town	County	Males	Females	Total
<b>Total Schools:</b>			<b>Total:</b>	<b>Total:</b>	<b>Total:</b>

2. **Students Completing Instruction:** List the names and grades of schools and number and gender of students **who have completed** the curriculum this month.

School Name	Grade	Males	Females	Total	# completing at least 75% of program
<b>Total:</b>		<b>Total:</b>	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>

3. **Parents Receiving Instruction:** List the schools, grade ranges, and number of parents who have participated in the parent component this month.

School Name	Grade Range	Number of Parents	
		Male	Female
<b>Total:</b>		<b>Total:</b>	<b>Total:</b>

4. **Parents Completing Instruction:** List the schools and number of parents **who have completed** the parent component this month and attended at least 75% of the sessions.

Appendix G

School Name	# of hours in parent component	# of Parents Completing	# of Parents Attending 75% of Sessions
<b>Total:</b>		<b>Total:</b>	<b>Total:</b>

5. **Optional Program Activities:** List the names of optional program activities, speaker/presenter, duration and site of activity, and number of adults and number of youth attendees.

Name of Optional Program Activity	Speaker/Presenter	Length of Activity (time)	Site of Activity	Number of Adult Attendees	Number of Youth Attendees
<b>Total:</b>	<b>Total:</b>			<b>Total:</b>	<b>Total:</b>

6. **Conferences/Trainings:** Of the staff that are paid or used as match on the project, list the person attending, name of conference or training session attended, and the time duration for each conference or training sessions attended this month.

Attendee Name	Name of Conference or Training	Length (time)	Conference or Training
<b>Total Attendees:</b>	<b>Total Conferences/Trainings:</b>		

7. **Rallies/Assemblies:** For staff that are paid or used as match on the project, list name of rally or assembly attended, type of audience attending, an approximate number of attendees, and approximate duration of rally/assembly.

Name of Rally/Assembly	Location	Audience (Student, Parent, Both, Public)	Total Attended (approx.)	Length (time)
<b>Total Rallies/Assemblies:</b>			<b>Total:</b>	

8. **Media:** List by category the type (radio, television, newspaper, billboards, other) and numbers of public awareness/media messages used this month to promote your program:

## Appendix G

Type of Media
Radio:
Television:
Newspaper:
Billboards:
Other:

9. What progress or accomplishments have been made this month that may not be reflected elsewhere in this report?

10. Are there any major problems pending? Please describe.

11. Did you solve any major problems or obstacles? Please describe.

12. Have you learned something helpful you would like to share with the other community project directors?

### **Please Note:**

#### **ATTENDANCE REPORT**

This report is to be submitted electronically upon completion of all sessions of a class within each school/organization. This report counts the number of sessions that each student attended. Please include the age, gender, and race/ethnicity for each student. If the student's age changes during the class sessions, please report it as the beginning age of the student.

NOTE: IF EACH SESSION IS LESS THAN ½ HOUR OR MORE THAN 1 (ONE) HOUR, PLEASE NOTE THAT ON THE CLASS SHEET.