

**KY Foster & Adoptive Parent Training Support Network**

**Monthly Activity Report**

Your Name:

Complete at the end of each month, print a copy for your own records and submit to the TRC by email, fax or snail mail.

Region:  Year:  Month:

Stipend Amount:

**PEER SUPPORT**

# of Personal/Email/Phone Support Contacts (one-to-one):

# of Mass Contacts (mailings, Support Groups participants):

# of Crisis Emergency Contact (CISM Intervention):

# of Investigation Support Contacts:

Describe Support Issues/Activities

**TRAINING**

Did you present Network Information in PS-MAPP (or Family to Family) this month? # Attended:

Did you lead (present) in a training session this month? Title:  Hrs:  #Attended:

Did you facilitate (get trainer & host) a training this month? Title:  Hrs:  #Attended:

Are you planning future training activities? Title:

**RECRUITMENT**

# of Personal (one-to-one) Recruitment Contacts this month:

# of Group Recruitment Contacts (public speaking):

# of Recruitment materials (flyers, brochures, etc.) distributed:

Describe any additional activity you did for recruitment

**TEAM BUILDING**

Did you attend your last Team Meeting?  Yes  No

If not, why?

Date of next meeting:

What are you the most proud of this month?

Comments:

Your email address:

Signature:

Date:

Mail to: The Network, Training Resource Center, 240 Wells Hall, Murray State University, Murray, KY 42071  
For questions, please call: Crystal Palmisano at 270-809-5054 or 1-877-70-HEART.