For Administrative Use Only
Entered by:_____
Date:_____

Husky Project Report Form

Date:_____ Start Time:_____ End Time:_____

Team Leader/Person Completing Report:_____

Name of Site (check one only):

- ☐ CCMC
- ☐ Park WIC
- ☐ St. Francis Hospital
- ☐ Other_____
- ☐ Burgdorf WIC
- ☐ Burgdorf PCC
- ☐ Anderson Recreation Center

Site Type (check one only):

- ☐ Health Clinic
- ☐ WIC Clinic
- ☐ Camp
- ☐ Other_____
- ☐ School
- ☐ Preschool
- ☐ Recreational Facilities

Project Type (check one only):

- ☐ Husky Reads
- ☐ Parent Group
- ☐ Evaluation
- ☐ Correspondence (Phone and Mailings)
- ☐ Other_____
- ☐ Husky Sport
- ☐ Interactive Display
- ☐ Children's Nutrition and Cooking Class

UConn Staff/ Volunteers in Attendance: *(please list names)*

	Age Group									
					>18 years		>55 years			
Delivery Format	0 – 4 years	5 – 12 years	13 – 18 years	Adolescent caregiver	M	F	M	F	Non-food stamp	Intern & Volunteers
Direct Contacts										
One-on-one										
< 15 min										
Telephone										
>= 15 min										
Husky Reads										
Group Activities										
Facilitated Group										
Activity Group										
Small Group										
Classroom presentation										
Whole Site Activities (Fairs)										
Fairs										
Other whole site activity										
Training Trainers										
Internship and volunteers										
FSNE Staff										
Other Staff										
Program Planning										
Evaluation – data collection										
Meetings – Internal										
Meetings – Partnership										
Indirect Contacts										
Mailings										
Recipients of Handout										