Monthly SSHS Grant Report for:			(Name)	
School and Commi	ınity meetings atten	ded for the month of		
benoof and comme	anity incomings accon	ded for the month of		
Coalition/Council Name	# of Meetings	Type of Audience (students/staff)	# of People at meeting	Location (school or provider agency)
DESCRIPTION OF ACTIVITY	IES (Meeting with i	ndividuale Sita vicite	School safety and	dit etc.):
DESCRIPTION OF ACTIVITY	ies (Meeting with i	ildividuals, Site visits	, School safety au	unt, etc.):
	TOTAL DE COLLO	D 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
SUMMARY OF PROGRESS TOWARD SSHS GRANT'S GOALS:				
SUMMARY OF BARRIERS E	EXPERIENCED (in	clude technical assistance	needed from SS/HS A	Administrative staff):
SUBMITTED BY:				
Title:			Date:	