

Monthly SSHS Grant Report for: _____ (Name)

School and Community meetings attended 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 ACTIVITIES (Meeting with individuals, Site visits, School safety audit, etc.):

SUMMARY OF PROGRESS TOWARD SSHS GRANT'S GOALS:

SUMMARY OF BARRIERS EXPERIENCED (include technical assistance needed from SS/HS Administrative staff):

SUBMITTED BY:			
Title:		Date:	