Name and Title of Individual Completing Report		
	Address	
	Name of EI Program	(if applicable)
Date of Activity	//	_
Type of Activity: (choose one)	Public Awareness (e.g.: sr or fai	nort meeting with medical, childcare th based organizations or newspaper article)
	Ec	ducating the General Public
	Ou	treach to Primary Referral Sources
	DC	CC Council Activity
	Family Support A	Activity (e.g.: family focused resource fair ction by DCC or El Program)
AUDIENCE INFOR	for undergraduate/grad	ation (e.g.: in-depth presentation on AEIS duate students)
Name of Indiv	vidual Contacted, if applicable	Phone Number
	Name of Group or Org	anization
	ees/Audience:	
Number of Attende		
	_childcarelegisl	ativenewsletter/TV
Category:		ativenewsletter/TV exhibit/displaymedical
student		exhibit/displaymedical
Category: student Planned follow - up	faith/ based	exhibit/displaymedical