



LTI Community Event & FRC Drop-In Log

Provider name: _____

Event name (if applicable): _____

Date _____ or Date range: _____ - _____ # Events held during this time: _____

Type (choose one):

- Drop-in services
 Class/workshop
 Group Outreach
 Recruitment for FRC staff

Information provided (choose one):

- General information** (or multiple topics)
 Child development
 Health and Nutrition
 School readiness
 Early literacy
 Kit for New Parents
 Developmental screening
 Triple P L2
 Other: _____

Provide estimated attendance for the following:

Total number of adults engaged (unduplicated if possible): _____

Language Estimates Estimated by (choose one): <input type="checkbox"/> Number or <input type="checkbox"/> Percentage	Ethnicity Estimate Estimated by (choose one): <input type="checkbox"/> Number or <input type="checkbox"/> Percentage
_____ English	_____ Alaskan Native/American Indian
_____ Spanish	_____ Black/African-American
_____ Vietnamese	_____ Pacific Islander
_____ Mandarin	_____ Multiracial
_____ Cantonese	_____ Asian
_____ Korean	_____ Hispanic/Latino
_____ Khmer	_____ White
_____ Other: _____	_____ Other: _____

Total number of children: _____

Estimated by (choose one): Number or Percentage

_____ Under age 3

_____ Age 3 through 5

_____ Special needs (if known)