**FIRST 5 SANTA CLARA COUNTY**

**DATA SUBMISSION COVER SHEET**

Fill out this form electronically, print it, and include it as cover sheet with your completed evaluation forms. Use **one** cover sheet per activity. Thank you!

**SECTION 1: Submitting Agency Information**

Date submitted to FIRST 5: Click or tap to enter a date. Fiscal Year: Choose an item. Quarter: Choose an item.

Submitted by (name): Click or tap here to enter text.

Agency (name): Click or tap here to enter text. **OR** Select FRC (if applicable): Choose an item.

**SECTION 2: Forms Submitted**

**Type of Form(s) Submitted Number of Forms Submitted**

[ ]  Community of Learning Workshop SurveyChoose an item. Number: Click or tap here to enter text.

[ ]  Community of Learning Touchpoints Survey Number: Click or tap here to enter text.

[ ]  CH&W NEW Family Intake Form (FIF) Number: Click or tap here to enter text.

[ ]  SEEDS (multiple forms for single provider) Number: Click or tap here to enter text.

[ ]  SEEDS (multiple copies of same form) Choose an item.Number:Click or tap here to enter text.

[ ]  myTeachstone Choose an item. Number: Click or tap here to enter text.

[ ]  Protective Factor Survey Number: Click or tap here to enter text.

[ ]  NEW FY 19/20 Protective Factor Survey Number: Click or tap here to enter text.

[ ]  Raising a Reader Choose an item. Number: Click or tap here to enter text.

[ ]  FRC Workshop Survey Choose an item. Number: Click or tap here to enter text.

[ ]  SCCOE ICP Number: Click or tap here to enter text.

[ ]  SCCOE CSEFEL Modules Choose an item. Number: Click or tap here to enter text.

[ ]  Staff Survey for Volunteer Program (FRC) Number: Click or tap here to enter text.

[ ]  Sugar Savvy Survey (FY 18/19 only) Number: Click or tap here to enter text.

[ ]  Volunteer Survey (FRC) Number: Click or tap here to enter text.

**SECTION 3: Notes for FIRST 5**

Please add any notes here for FIRST 5 staff: Click or tap here to enter text.

*Below this line to be completed by FIRST 5 only*

**SECTION 4: FIRST 5 Approval**

FIRST 5 Program Manager

Print Name:

Signature: Date:

[ ]  I sent email to submitting agency confirming receipt of data.