

ATTACHMENTS

**PLEASE KEEP A BLANK COPY
OF THESE ATTACHMENTS IN YOUR RECORDS
FOR FUTURE USE**

**If you have any questions about how to complete
these forms, do not hesitate to call our office for
clarification!!**

Phone: (501) 664-2227

Fax: (501) 255-1572

E-mail: support@arkansasctf.org

Children's Trust Fund Quarterly Progress Report

I. **NARRATIVE:** On a separate sheet of paper, answer the first 6 questions. (Please answer the 7th question on the last Quarterly Report). This section of the report is used to evaluate your progress. Please be THOROUGH and submit a NEW report each quarter.

1. **Heading** - Please put the following at the top of your page: 1st (2nd, 3rd, 4th) Quarter Report
County: _____ Project Name: _____
Report Prepared by: _____ Phone # _____

2. **Program Objectives** -- Using the Program Objective Form included with your CTF contract, list each of the Program Objectives for your project and tell how much progress you have made towards each individual objective (See example below).

3. **Client Outcomes** -- Using the Program Objective Form included with your CTF contract, list each of the Client Outcomes stated for you project and tell how much progress you have made towards each outcome and the tools you have used to measured those outcomes (See example below).

4. **Resources** -- Other than the Trust Fund, what resources have been acquired to help implement the project this quarter? Specifically, list any agencies and organizations involved with the project this quarter. It is important that you list all agencies involved in order to document community collaboration and support.

5. **Parent Involvement** -- In what ways have parents been involved in program development, policy design, and governance of your program? List specific roles that parents have played.

6. **Changes** -- Summarize any problems or changes made to the project. How have you had to adjust your program from the original proposal? Indicate staff changes, curriculum changes, shifts in organizational structure, revisions to the numbers of clients to be served or the number of classes to be offered, etc.

7. **Future Plans** -- You only need to answer this question on the fourth quarter report (last report). Summarize the future plans for the project. Will the project continue on or has the mission been completed? Will it expand? Scale down? Seek additional funding? Describe in detail.

II. **ASSISTANCE** -- Do you need any particular assistance or information from the CTF office at this time (information on curriculum materials, similar projects, training workshops, etc.)? Specify your request.

III. **PROGRAM MATERIALS** -- Please attach a copy of any press clippings, flyers, newsletters, etc. produced by or about your project to the end of this report.

EXAMPLE OF PROGRAM OBJECTIVE AND CLIENT OUTCOME PROGRESS

- Objective 1: "Provide 3 courses of 9 classes each of the STEP Parenting curriculum to a minimum of 14 parents per course for a total of 42 parents."

Progress: 5 classes of the first course have been completed. There are twelve participants enrolled in the course. Also, as a special presentation, a local pediatrician gave a talk one night on toilet training.

- Client Outcome 1: "Participants will increase their knowledge of effective parenting as measured by the AAPI.

Progress: The AAPI was administered to 11 of the 12 participants. The results of the 11 pretests were..... The post-test will be administered on

IV. PROJECT DATA -- Home Visiting Summary, Home Visiting Record and Group Meeting Record. Complete those forms which are appropriate to your program. Use as many copies of the form as you need. If you already keep this same information in a different format or on a different form, you may submit the data in an alternate format. You do not have to use these forms if you have an alternative. Please consult with our office if you would like to submit an alternate form.

A. Home Visiting Summary - Self Explanatory (Feel free to reproduce this form on your computer.)

B. Home Visiting Record - Explanation

1. **Family ID** - Use initials or some type of code for each family you serve. DO NOT put the family's name on the form. Our records are a matter of public record and We can NOT maintain confidentiality of your clients' name. So please remember to use a code or to black-out any names.
2. **Date** - Enter the date of the home visit
3. **Type** – Indicate the type of service provided to the family. Use the following codes:
 - HV** – Home Visit: A completed home visit
 - AT** – Attempted Home Visit: An attempted Home visit
 - TR** – Transportation: You transport the client
 - OV** – Other Visit: A visit made outside of the target child's home (i.e – at the high school, in your office, at the park, etc.)
4. **Length** - Enter the length of the visit. For simplicity, round-off the time in quarter hours (15 minutes) .

C. Record of Group Meetings - Explanation

1. **Meeting Date** - Enter the date the meeting occurred
2. **Length** - Enter the length of the meeting. For simplicity, round-off the time in quarter hours (15 minutes).
3. **# of Participants** - Enter the number of clients attending the meeting. Do not count instructors or volunteers.
4. **Participant Hours** - This is the total number of hours ALL participants have spent in class. For example: If 3 participants attended the meeting and the meeting lasted 2 hours, your participant hours for that meeting would be 6 hours.
5. **Class number, Stand Alone or Support Group** - Please indicate if the meeting is part of a course or if the meeting Stands Alone as an activity. If the meeting is part of a course, indicate by entering "2 out of 6," meaning this meeting was the 2nd class of a 6-class course. If the meeting was a support group meeting (even if the support group is ongoing) or if it was a one time educational event, enter "Stand Alone" or "Support Group" -- whichever seems more accurate to you.
6. **Number of Classes or support Groups** - Enter the total number of individual class meetings, support group meetings, etc. conducted this quarter and Year-To Date.
7. **Number of Participants** - Enter an unduplicated count of parents or care givers served. Do not count a person more than once - even if they attend two separate course or separate group meetings. We are trying to count the actual number of individuals served by this program.

V. FISCAL REPORT - Complete and attach the Fiscal Report and the Cash and In-kind Report.

If you have any questions or need any assistance in completing this report, please do not hesitate to call our office at 501-664-2227.

Home Visit Record

Family ID	Reporting Period:										Home Visitor:					
1	Date:															
	Type:															
	Length:															
2	Date:															
	Type:															
	Length:															
3	Date:															
	Type:															
	Length:															
4	Date:															
	Type:															
	Length:															
5	Date:															
	Type:															
	Length:															
6	Date:															
	Type:															
	Length:															
7	Date:															
	Type:															
	Length:															
8	Date:															
	Type:															
	Length:															
9	Date:															
	Type:															
	Length:															
10	Date:															
	Type:															
	Length:															

Type of Service Codes: **HV** = Home Visit **TR** = Transportation provided
 AT = Attempted Home Visit **OV** = Visit made outside target child's home (office, park, etc.)

Home Visiting Summary Report

Person Completing Report:

Reporting Period: _____ through _____

	Column A	Column B
1. Number of Cases Open At Beginning of Reporting Period:		
2. Number of New Cases Opened/Enrolled During the Reporting Period:		
3. Number of Cases Closed During the Reporting Period:		
Reason for Closure:		
A. Number of Families that Moved:		
B. Number of Families that Requested Closure:		
C. Other Reasons (describe):		
4. Total Number of Open Cases at End of Reporting Period: (In column A, add lines 1 & 2 then subtract line 3)		

Additional Comments:

