*Parent Support Specialist Planning Sheet – Families as Partners Grant*

### Campus Name:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_ 2016-2017

**Name of Parent Support Specialist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety & Security**

**Health & Wellness**

**Language Barriers/Adult Education/Refugee Support**

**Higher Education**

**Action Plan**:

**(Circle One)**

**Purchased**

**with FAP:**

**(Please describe)**

**Supports the following**

**Strategy Plan:**

**(Please state)**

**Parent Support Specialist**

 **REFLECTION**

**What was successful?**

**What did I learn?**

**What can I do differently?**

Items Attached to this Form

\_\_\_ Sign In Sheet-#Adults-\_\_\_\_\_

\_\_\_\_ Flyer \_\_\_\_\_\_Agenda

\_\_\_ Receipt \_\_\_\_\_ Other

\_\_\_\_ Meeting Evaluation (optional)

 School Messenger

eCST

\_\_\_\_NI Rec Serv Track \_\_\_\_

Attached flyers, receip[[1]](#footnote-1)ts and ign in sheets.

1. [↑](#footnote-ref-1)