



PARENT SUPPORT GROUP (PSG) MONTHLY REPORT

Purpose: The form is used by each region's CPS liaison and parent liaison to report their monthly activities.

Directions: To complete this form, fill out all applicable fields and email it to the state office parent program specialist by the 10th of each month.

GENERAL INFORMATION		
Region	Month	County/City of PSG
CPS Liaison	Parent Liaison	
Number of PSG Meetings	Number of PSG Attendees	
Number of Parent Liaison Volunteer Hours		
OTHER TYPES OF PSG WORK		
<p>Were other types of PSG work performed? If so, describe those activities, including how many families were involved:</p> 		
OTHER ACHIEVEMENTS		
<p>Were there other noteworthy achievements (success stories, new parents involved, community involvement, etc.)? If so, please describe them:</p> 		
BARRIERS		
<p>Were there any barriers to participation in the PSG (lack of community resources, parental participation, or agency assistance; language barriers; etc.)? If so, please describe them:</p> 		

ASSISTANCE NEEDED FROM STATE OFFICE SPECIALIST

Is any assistance needed from the state office specialist? If so, please describe the desired assistance:

ISSUES FOR STATEWIDE PARENT COLLABORATION GROUP (PCG)

Are there any other issues you would like to bring to the PCG's attention? If so, please describe them: