

**NASSAU COUNTY YOUTH BOARD
2009 STATISTICAL/NARRATIVE QUARTERLY REPORT**

**Community Education Related To Bullying, Youth Violence And Gang
Prevention/Intervention And Training & Technical Assistance To Support Community-
Based Programs**

SPONSORING AGENCY: _____

PROGRAM TITLE: Community Education-Bullying/Violence **PROGRAM #:** NC541

Report Covers the Following Quarter (Check One):

1st Quarter:____ **2nd Quarter:**____ **3rd Quarter:**____ **4th Quarter:**____
 (Jan.-Mar.) (Apr.-June.) (July-Sept.) (Oct.-Dec)

DEMOGRAPHIC PROFILE OF YOUTH SERVED – Compete for *youth under 21 ONLY*

A. Total Educational Presentations this quarter: _____

1. SEX (Indicate the # of Males and Females that participated in workshop presentations)

A. Male:____ B. Female:____ **TOTAL:** _____

2. ETHNICITY

A. White:____ B. Black:____
 C. Hispanic:____ D. Native American____ **TOTAL:** _____
 E. Asian:____ F. Other:____

3. AGE

A. 0-4:____ B. 5-9:____ **TOTAL:** _____
 C. 10-15:____ D. 16-20:____
 E. 21:____

B. TOTAL YOUTH SERVED: **TOTAL:** _____

Indicate the total number of youth receiving at least one direct service year to date (**cumulative-unduplicated count**)

Total: Male _____ Female _____
 Ethnicity- African American:____ / Caucasian:____ / Hispanic: ____ / Asian: _____
 Age: (10-15) ____ (5-9) ____ (16-20)____

ADULTS:
Indicate the total number served over **21 years:** _____

MONTHLY STATISTICAL/NARRATIVE REPORT

(Please complete the following based upon individual objectives as identified in your application narrative)

Objectives:	Activities This Month	Progress or Obstacles
Outcome: (specify) 25 Training Sessions		
Outcome: (specify) 10 Technical Assistance Sessions		

Note: Please reproduce this sheet as needed.

MONTHLY STATISTICAL/NARRATIVE REPORT

(Please complete the following based upon individual objectives as identified in your application narrative)

Objectives:	Activities This Month	Progress or Obstacles
Outcome: (specify) 65 Educational Programs		

Note: Please reproduce this sheet as needed.

SPECIAL ACTIVITIES/EVENTS/PRESENTATIONS:

Description of Activity/ Event/Presentation	Date	Location	Number Board/Staff Parents/Vols.	Number of Youth
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
<i>PLEASE MAKE SURE TO ADD TOTALS:</i>			_____	_____

(Use additional pages if necessary)

Prepared by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____