

Changes in Healthy Futures Performance

Improved=increase of at least 1 from pre-test/assessment

Duration= # of sessions, weeks, or months for the activity

# Participants	Name	1= New participant this report period	# sessions	Pre Test Date	Pre Score 1 to 4	Post Test Date	Post Score 0 to 4	Improve? Y=1, N=0	Notes on progress/outcome
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
TOTAL ALL PAGES WHO BEGAN PROGRAM/ACTIVITY DURING REPORT PERIOD									
TOTAL ALL PAGES WHO COMPLETED PROGRAM/ACTIVITY									
TOTAL ALL PAGES WHO IMPROVED BY AT LEAST 1 FROM PRE TEST									

HEALTHY FUTURES ACCOMPLISHMENT REPORT

continued

Describe one successful or positive interaction with a participant that is particularly memorable. Please be specific.
Use additional pages if needed!

Date submitted:

Member Signature:

Supervisor Signature (verifying reported data):

Supervisor Name:

SUBMIT WITH THIS REPORT, BY THE DUE DATE:

Copies of the Pre and Posts/Documentation of Progress Used for this Report

Copies of media coverage during the quarter. If no article is available, please describe coverage.

Other significant documentation (i.e. letters, commendations) of your service during the report period.

Due Dates:

11/10/21 for months of Sept, Oct

2/ 10/22 for months of Nov., Dec., Jan.

5/12/22 for months of Feb, March, April

Exit Interview for months of May, June, July

