

SCHOOL NAME: Fulton PreK-5

FACE COORDINATOR NAME: Abigail Pekelnicky

REPORT MONTH: September 2024

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Date	Time Spent on Activity (Required)	Event Name, Meeting Type, Communication Type and Brief Description (including location)	Childcare Provided? Y OR N	Food Provided? Y OR N	Interpreter provided? Y OR N	Communication Method(s) (How was this event communicated to parents & students)? Ex. Flyer, morning announcements, phone calls from teachers etc.	Feedback from Parents (How did the school collect feedback from parents)? Ex. Survey, comment box, signature sheet w/room for comments etc.	# Parents in attendance (if applicable)	Total # of Participants (if applicable)
8/21/24	5:00pm-7:00pm	Back to School Night	N	Y	N	Robocall, flyer, PTA Facebook	Comments	53	91
9/9/24	4:00pm-4:45pm	Pre-PTA Officer Meeting	N	N	N	Email between stakeholders	Verbal Feedback	2	4
9/10/24	5:00pm-7:30pm	Town Hall with Devon Taliaferro	N	Y	N	Robocall, flyer, PTA Facebook	Verbal Feedback, signature sheet	45	60
9/17/24	5:00pm-7:00pm	PSCC/PTA Meeting Annual Title 1 Meeting	Y	Y	N	Robocall, flyer, FB, Peachjar, calendar	Comments, signature sheet, Verbal Feedback, email	22	42
9/19/24	8:45am-9:15am	Take a Child to School Day	N	Y	N	Flyer, calendar	Comments, signature sheet, Verbal Feedback, email, Talking Points	40	91

Please indicate the number of parents who volunteered in your school this month: 6

Please indicate the number of community members who volunteered in your school this month: 5



Parent Engagement Activities Log

School Year 2024-2025

Office of the Superintendent: Communication and Stakeholder Engagement

[Handwritten Signature]

Principal Signature:

10/2/24

Date:

[Handwritten Signature]

FACE Coordinator Signature:

10/2/24

Date: