



Parent Engagement Activities Log

School Year 2024-2025

Office of the Superintendent: Communication and Stakeholder Engagement

Fulton PreK-5

Abigail Pekelnicky

SCHOOL NAME: _____

FACE COORDINATOR NAME: _____

REPORT MONTH: October 2024

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)
10/14/24	12:00pm-6:00pm	Parent Teacher Conferences	N	N	N	Email, flyer, phonecall	Verbal Feedback	100+	
10/15/24	4:30pm-6:00pm	PSCC/PTA Meeting Reading Curriculum Night	Y	Y	N	Robocall, flyer, PTA Facebook, Peachjar, calendar	Comments, signature sheet, Verbal Feedback, email	10	19
9/25/24	9:30am-10:00am	Halloween Parade	N	Y	N	Robocall, flyer, FB, Peachjar, calendar	Verbal Feedback	40	250+

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

1

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

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Principal Signature: _____

FACE Coordinator Signature: _____

Date: _____

Date: _____