

SCHOOL NAME:

Fulton Prek-5

FACE COORDINATOR NAME:

Abigail Pekelnicky

REPORT MONTH:

November 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)
11/5/24	8:00am-6:00pm	PTA Election Day Bake Sale Fundraiser	N	Y	N	Email, PTA Facebook, Sign Up Genius	Verbal Feedback	9	100+
11/19/24	4:30pm-6:00pm	PSSC/PTA Meeting Reading Curriculum Night	N	Y	N	Robocall, flyer, PTA Facebook	Verbal Feedback, signature sheet	14	32
11/25/24	3:30pm-4:00pm	Thanksgiving Food Donation Celebration	N	N	N	Talking Points, Email to Parents, PTA officers	Verbal Feedback, email	4	

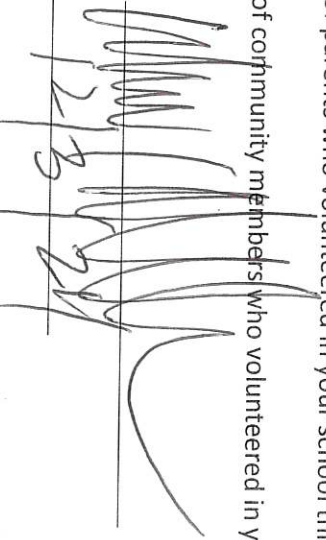
Please indicate the number of parents who volunteered in your school this month:

9

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

3

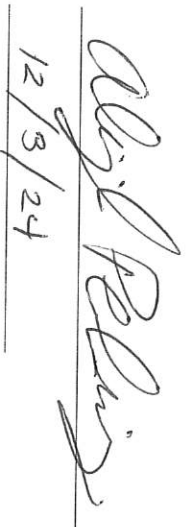
Principal Signature:



Date:

12/3/24

FACE Coordinator Signature:



Date:

12/3/24