



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:

January 2025

REPORT MONTH:

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)
1/13/25	4:00pm-5:00pm	Black History Month Planning Meeting	N	N	N	Email	Verbal Feedback	4	5
1/27/25	4:00pm-5:00pm	Black History Month Planning Meeting	N	N	N	Email	Verbal Feedback	3	4
1/28/25	4:30pm-6:00pm	PSCC/PTA Meeting	Y	Y	N	Talking Points, Robocall, Peachjar, Flyer	Verbal Feedback, email	10	18

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

3

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

1

Principal Signature:

FACE Coordinator Signature:

Date:

2/3/25

Date:

2/3/25