

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:

February 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)
2/10/25	4:00pm-5:00pm	Black History Month Planning Meeting	N	N	N	Email	Verbal Feedback	7	11
2/18/25	5:00pm-6:30pm	PSCC/PTA Meeting	Y	Y	N	School calendar, Talking Points, Peachjar flyer	Verbal Feedback	8	17
2/25/25	4:00pm-5:30pm	Black History Month Planning Meeting	N	N	N	Email	Verbal Feedback	6	8
2/26/25	9:30am-12:00pm	Black History Month Speaker Day	N	Y	N	Email, flyer, school calendar	Verbal Feedback, Survey	52	300+

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:

41

Principal Signature:

FACE Coordinator Signature:

Date:

Date: