

Parent Engagement Activities Log

School Year 2024-2025

Office of the Superintendent: Communication and Stakeholder Engagement

4SCHOOL

Fulton Prek-5

NAME:

FACE COORDINATOR NAME:

Abigail Pekelnicky

REPORT MONTH:

March 2025

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)
3/11/25	4:00pm-5:00pm	Black History Month Poster Contest Judging	N	N	N	Email	Verbal Feedback	6	10
3/18/25	5:00pm-6:30pm	A+ Schools Report PSCC/PTA Meeting	Y	Y	N	School calendar, Talking Points, Peachjar flyer	Verbal Feedback	17	32

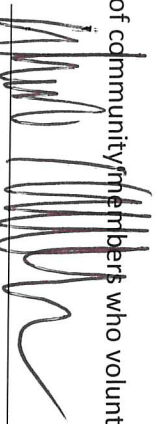
Please indicate the number of parents who volunteered in your school this month:

9

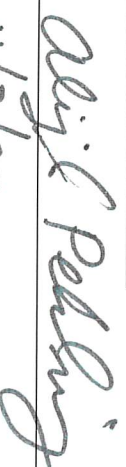
Please indicate the number of community members who volunteered in your school this month:

1

Principal Signature:



FACE Coordinator Signature:



Date:

4/3/25

Date:

4/3/25