Student-Parent Involvement Activity Form

Return completed form to the CE’s SNP office.

School/Site: ________________________________ Date: __________________

Date of Activity: _______________

Description of Activity: _____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Students—Number Involved: ______

Adults—Number Involved: ________

Comments: _______________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Person Completing Form _____________________________________________

Date Received in Contracting Entity’s School Nutrition Program Office: __________
Directions: Student-Parent Involvement Activity Form

Purpose
This form is intended to be used to document student/parent involvement. The form should be completed by a CE staff member.

Directions for Completing Form

<table>
<thead>
<tr>
<th>Use This Form</th>
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<tbody>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>Required Form Format</strong></td>
</tr>
<tr>
<td><strong>Record Retention</strong></td>
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</tbody>
</table>

**General Information**
- **School/Site:** Record the name of the school/site where the activity took place in the designated space.
- **Date:** Record the date this record was completed in the designated space.
- **Date of Activity:** Record the date the activity took place in the designated space.

**Detailed Information**
- **Description of Activity:** Record a brief description of the activity event(s) in the designated space.
- **Students—Number Involved:** Record the number of students involved in the activity in the designated space.
- **Adults—Number Involved:** Record the number of adults involved in the activity in the designated space.
- **Comments:** Use this area to record comments about the activity such as effective strategies, lessons learned, or positive outcomes in the designated space.

**Signatures**
- **Person Completing Form:** Record the name of the person completing the form in the designated space.
- **Date Received in Contracting Entity’s School Nutrition Program Office:** Record the date the form was received in the designated space.