

YES FOR EARLY SUCCESS

PARENT ENGAGEMENT FORM

Subcontractor Parent Engagement Activity Form Subcontractor Information

| Name of Subcontractor: | | |
|---|-------------|-----------------------|
| Contact Information: | | Phone: |
| Email: | | |
| Address: | | |
| Contract Period: | | |
| Activity Details | | |
| Activity Title: | | |
| Description of Activity: [Provide a brief description of what the activity involves.] | | |
| Objectives/Goals of the Activity: [List the objectives or goals of this activity.] | | |
| Date(s) of Activity: | | |
| Location(s) of Activity: | Duration o | f Each Session: |
| | | |
| Participation Metrics | | |
| Number of Families Invited: | Number of F | amilies Participated: |
| Demographic Breakdown of Participants: [Provide demographic details, if applicable and permissible.] | | |
| | | |



Signature: __

YES FOR EARLY SUCCESS

PARENT ENGAGEMENT FORM

Resource Allocation Budget Allocated for Activity: \$ Budget Utilized: \$ Resources Used: [List all materials, tools, etc., used during the activity.] Staff Involved and Roles: [Detail the staff members involved and their specific roles.] **Compliance and Alignment with Standards** Compliance with YES For Early Success Standards: ☐ Yes ☐ No Compliance with NAEYC Standards: ☐ Yes ☐ No **Evidence of Alignment with YES For Early Success Goals:** [Provide evidence or explain how this activity supports the mission.] **Outcome Measurement Evaluation Methods:** [Describe how the effectiveness of the activity was evaluated.] **Results/Outcomes of the Activity:** [Detail both qualitative and quantitative outcomes.] **Participant Feedback:** [Summarize the feedback received from participants.] **Signatures** Subcontractor Representative: Signature: _ YES For Early Success Representative: