

NASSAU COUNTY YOUTH BOARD

2009 STATISTICAL/NARRATIVE MONTHLY REPORT

**Community Education Related To Bullying, Youth Violence And Gang
Prevention/Intervention And Training & Technical Assistance To Support
Community-Based Mentoring Programs**

SPONSORING AGENCY: _____

PROGRAM TITLE: _____ **PROGRAM #:** _____

Report Covers the Following Period:

Month Ending _____, 2009

DEMOGRAPHIC PROFILE OF YOUTH SERVED – Complete for *youth 21 years and under only*

1. TOTAL YOUTH SERVED:

Indicate the total number of youth participating in the program for the month.

2. Total Educational Presentations this month: _____

3. SEX (Indicate the # of Males and Females that participated in workshop presentations

A. Male: _____ B. Female: _____ **TOTAL:** _____

4. ETHNICITY

A. Caucasian: _____ B. African American: _____
C. Hispanic: _____ D. Native American: _____ **TOTAL:** _____
E. Asian: _____ F. Other: _____

5. AGE

A. 0-4: _____ B. 5-9: _____ **TOTAL:** _____
C. 10-15: _____ D. 16-20: _____
E. 21: _____

ADULTS:

Indicate the total number served over 21 years: _____

MONTHLY STATISTICAL/NARRATIVE REPORT

(Please complete the following based upon individual objectives as identified in your application narrative)

Objectives:	Activities This Month	Progress or Obstacles
Outcome: (specify) 20 Training Sessions		
Outcome: (specify) 8 Technical Assistance Sessions		

Note: Please reproduce this sheet as needed.