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**REPORT**

Today’s Date

Due 30 days after distribution date or delivery date specified in delivery packet

|  |  |  |  |
| --- | --- | --- | --- |
| School Name: |  | Office Phone #: |  |
| Address: |  | Office Fax #: |  |
| City, State, Zip:  |  | Email address: |  |
| Principal Name |  | Email Address |  |
| Primary Contact:  |  | Alternate Phone #:*(other than office number)* |  |
| Secondary Contact: |  | Secondary Contact Phone # |  |

**\*\*Please answer the following completely\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Number of students who received supplies |  | Date of distribution |  |
| Number of staff volunteers |  | Number of parent/ community volunteers |  |

Please describe how you distributed the school supplies to the students.

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| How did the PWNA school supplies help your school with enrollment/retention/budget? |
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|       |
| What school supplies DID NOT work for the students and why? |
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|       |
| Other than an earlier delivery, what can we do BETTER to assist your school in the future? |
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|       |
| Please share comments the children, parents and school staff had regarding the school supplies. |
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|       |
| Do you have any questions or comments about School Supplies or any other PWNA Services? |
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|       |

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| --- | --- | --- |
|       |  |       |
| *Primary Contact Signature/Date* |  | *Principal/Administrator Signature/Date* |

Don’t forget to attach your Participation Logs. Thank you!!!