# Semi-Annual Community Progress Report

This report will cover a review of progress and a description of project activities for each six month time period. It should be submitted with the required budget forms by the date specified in your contract. Please work with your community stakeholder team, the Rooted in Relationships evaluator, your community Pyramid Model coaches, and others as needed to complete this report. Submit both your written report and budget expenditures to Jamie Anthony, [janthony@nebraskachildren.org](mailto:janthony@nebraskachildren.org).

|  |  |
| --- | --- |
| **Community Name** |  |
| **Person Completing Report** |  |
| **Date Completed** |  |
| **Reporting Period** |  |

## Children and Families Reached

Provide a summary of the children and families served **as part of your Rooted in Relationships grant** during the previous 6 months. This should include any family or child that was active at any point in this time period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of Children & Families Reached** | | | |
| Number of Families Served Directly |  | Number of Families Served Indirectly |  |
| Number of Children Served Directly |  | Number of Children Served Indirectly |  |

**As Guidance:**

“Served Directly” - Include sustained contact with children or families such as Pyramid Model implementation in the child’s center or home childcare, participation in Circle of Security-Parenting, etc.

“Served Indirectly” – Typically reflect short-term activities with children and families, such as numbers at health fairs, a parent training, etc.

## Training Activities

Please document any training conducted or completed during the past 6 months that was coordinated through your Rooted in Relationships grant.

|  |  |  |  |
| --- | --- | --- | --- |
| **Training related to Social and Emotional Development** | | | |
| Date(s) | Training Topic/Description | # in attendance | Audience (Parent, Professional, etc) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Provide a summary of each training offered in the following space. Please include a summary of your training evaluation data, where it is available.

## Community Work Plan Updates

In the following section, please identify your work plan objectives and then describe your recent challenges, successes and next steps for each of the objectives identified in your work plan. If your community has more than three objectives you can copy and paste below.

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| --- |
| **Objective 1:** |
| Accomplishments |
|  |
| Challenges |
|  |
| Next Steps |
|  |

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| --- |
| **Objective 2:** |
| Accomplishments |
|  |
| Challenges |
|  |
| Next Steps |
|  |

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| --- |
| **Objective 3:** |
| Accomplishments |
|  |
| Challenges |
|  |
| Next Steps |
|  |