**[SITE NAME]**

**Monthly Report on Intervention Activities**

*Instructions:*

1. Each intervention area has its own section. Please type in any and all activities performed in each intervention activity area in the corresponding text boxes.

If you have not performed any activities in a certain intervention area, please specify so in the text box. If you have ongoing activities, please specify so in the text box.

1. Evaluation measures for each intervention area are listed below the intervention activity box. Please fill out the numbers and dates.

**Month:** *(type in month here)*

**Today’s Date:** *(type in date here)*

*Site Coordinator Signature Date*

*Supervisor Signature Date*

**Intervention Area 1:**

|  |  |
| --- | --- |
| **Timeline for Intervention Area 1:** | **Date Due** |
|  |  |
|  |  |

|  |
| --- |
| **Intervention Activities Performed This Month:** |
| *(Type in activities in here in detail. Use as much space as you need.)* |

|  |  |  |
| --- | --- | --- |
| **Evaluation Measures** | **Value As Of Today’s Date:** | **Date Completed:** |
|  |  |  |

**Intervention Area 2:**

|  |  |
| --- | --- |
| **Timeline for Intervention Area 2:** | **Date Due** |
|  |  |
|  |  |

|  |
| --- |
| **Intervention Activities Performed This Month:** |
| *(Type in activities in here in detail. Use as much space as you need.)* |

|  |  |  |
| --- | --- | --- |
| **Evaluation Measures** | **As Of Today’s Date** | **Date Completed** |
|  |  |  |
|  |  |  |
|  |  |  |

**Intervention Area 3:**

|  |  |
| --- | --- |
| **Timeline for Intervention Area 3:** | **Date Due** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Intervention Activities Performed This Month:** |
| *(Type in activities in here in detail. Use as much space as you need.)* |

|  |  |  |
| --- | --- | --- |
| **Evaluation Measures** | **As Of Today’s Date** | **Date Completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Intervention Area 4:**

|  |  |
| --- | --- |
| **Timeline for Intervention Area 4:** | **Date Due** |
|  |  |

|  |
| --- |
| **Intervention Activities Performed This Month:** |
| *(Type in activities in here in detail. Use as much space as you need.)* |

|  |  |  |
| --- | --- | --- |
| **Evaluation Measures** | **As Of Today’s Date** | **Date Completed** |
|  |  |  |
|  |  |  |

**Intervention Area 5:**

|  |  |
| --- | --- |
| **Timeline for Intervention Area 5 (Incentives for Outreach):** | **Date Due** |
|  |  |

|  |
| --- |
| **Intervention Activities Performed This Month:** |
| *(Type in activities in here in detail. Use as much space as you need.)* |

|  |  |  |
| --- | --- | --- |
| **Evaluation Measures** | **As Of Today’s Date** | **Date Completed** |
|  |  |  |
|  |  |  |