



People First Activity Summary

For: _____
 (Group Name)

Type of Activity

Local Meeting Teleconference Training Special Event

Other: _____

Date of Activity

Location of Activity

Attendance:

Individual with DD #s

Female
Male
Other

Family Member #s

Female
Male
Other

	White	Black/African American	Am Indian/Alaska Native	Asian	Native Hawaiian/Other Pacific Islander	Two or more races	Race Unknown
Individual with DD #s							
Female							
Male							
Other							
Family Member #s							
Female							
Male							
Other							

Staff of Individuals:

Agency Staff:

Did you have a guest speaker? Yes No Speaker's Name: _____

Training Subject/
Topics Discussed _____

Did you distribute literature or other educational material?

If yes, what material? _____

Did you contact any legislators or mail any information? Yes No

If yes, please describe: _____