

ABCD III-Community Site Monthly Report

Date of Report: Mo/Date/Year Location:

Name of Person Completing Report:

Please provide information about your local community’s progress in the following categories. If there is no information to report in the areas identified below, then respond with “not applicable”. This report is due on the 5th of the following month and sent electronically to (TBD) at: (TBD)

1. Please describe interactions that have taken place with the Primary Care Provider’s (PCP) that are participating in the local project and any communications that have taken place:

Name of PCP	Date & Overview of Work Completed with the PCP and/or Office Staff	Needs identified by the PCP in relation to the project	Concerns expressed by the PCP in relation to the project

2. Please describe interactions that have taken place in local stakeholder meetings:

Date of Local Meeting	Agenda Items and Result of Meeting	Participants (Include Name and Representation)

3. Please describe local barriers and improvement recommendations that have been made due to local stakeholder meetings:

Identified Local Barriers	Improvement Recommendations

4. Please describe success or challenges when using the fax back form process:

Success	Challenges

5. Describe any other activities such as trainings, etc. that you have participated in that has supported project efforts:

Date	Type of Activity	Purpose to the Project

6. Is there any additional information related to the project that you would like to share?

Comments:
