

Date: _____

MINNESOTA FCCLA Monthly Report Form Region and JHC, Peer Ed

Send this form to the State Officer who coordinates your group.

Due the **first week of each month.**

Check month reporting on:

____ August	____ November	____ February
____ September	____ December	____ March
____ October	____ January	____ April

Name: _____

Office: _____

1. The following is MN FCCLA Officer work I have completed this month:

2. I have sent the following correspondence:

3. I have questions about:

4. _____ Contacts: Number of contacts/persons who heard about FCCLA from me this month.
5. _____ Presentations: Number of presentations I did this month.
6. _____ Impact: Number of persons who were impacted by my FCCLA Officer work this month. (Conferences, Exhibits, Speeches, Newspaper articles, etc.)
7. _____ Officer Hours: Number of hours I spent on FCCLA work (officer work) this month.
8. _____ Chapter hours: Number of hours I spent on other FCCLA work this month (local chapter, my projects, STAR Events).