# AEIS Public Awareness/Training/ Family Support Activity

Name and Title of Individual Completing Report

Address

Name of EI Program (if applicable)

**Date of Activity** _____/_____/_____

**Type of Activity**: (choose one) Public Awareness (e.g.: short meeting with medical, childcare or faith based organizations or newspaper article)

☐ Educating the General Public

☐ Outreach to Primary Referral Sources

☐ DCC Council Activity

☐ Family Support Activity (e.g.: family focused resource fair or planned family function by DCC or EI Program)

☐ Training/Presentation (e.g.: in-depth presentation on AEIS for undergraduate/graduate students)

AUDIENCE INFORMATION:

_____, _____
Name of Individual Contacted, if applicable Phone Number

_____
Name of Group or Organization

Number of Attendees/Audience: _____

**Category:** ☐ childcare ☐ legislative ☐ newsletter/TV

☐ student ☐ faith/ based ☐ exhibit/display ☐ medical

Planned follow - up:_____

Counties targeted: _____

Send completed form to: Shannon Foster, ADRS/AEIS, 560 S. Lawrence St, Montgomery, AL 36104
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