

**State of South Dakota
Common Sense Parenting Annual Report**

Agency Reporting _____
 Address _____
 Telephone Phone _____ Cell: _____ Email: _____

NAME of "Common Sense Parenting Trainers": _____

NAME of "Responsive Parenting" Trainers: _____

NAME of "Distant Parenting" Trainers: _____

NAME of Trainers Presenting Leadership Piece with CSP classes _____

Name of Instructors that have attended the 3rd Edition Training _____

Court Districts (s) or Reservation classes held in: _____

Class held in City? _____

Advisory Board Member: _____

Peer Review held: _____ Date: _____ Location: _____

Did you participate in a Child Abuse Prevention Activity during the month of April? yes no
 What activities? _____

Did you participate in a Father Activity during the year? yes no
 What activities? _____

Reporting for Federal year: _____ **October 1, 20__** **through** **September 30, 20__**

1. Number of classes held? _____
2. Number of classes held not paid thru contract? _____
3. Number of parents attending? _____
4. Number of children impacted? _____
5. Number of families? _____
6. Number of parents w/special needs? _____
7. Number of children w/ special needs? _____

Signature _____ Date _____