

INKIND TRACKING GRID

Staff Name _____

Class _____

[illegible]

Please document below your efforts to collect inkind from families.

Months by quarters: July, August, September
October, November, December
January, February, March
April, May, June

This form is used to track the Inkind Record Report that is turned in weekly by families. The forms will be tracked monthly/quarterly. When families turn in the completed report Family Advocates/EHS CB Teachers will need to place a check mark in the appropriate week's box for that month. At the end of each quarter this form is due by the 5th of the next month to the Central Office and to the attention of the Fiscal Officer.