

LIBERTY PARTNERSHIP SERVICE TABLE

2008-2009 ACADEMIC YEAR

MONTH OF _____ SITE DIRECTOR'S NAME _____ SCHOOL _____

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | |
|-------------|--|--|----------|--|---------------------|--------------------------|--|-----------------------|-------------------------------|-------------------------------------|----------------|--|
| | | Enter the number of hours of service each student received. | | | | | | | | Enter the number of contacts | | |
| | | Counseling Services | | | | | | | | | | |
| No# Line | Last Name, First, MI (List in Alphabetical Order) | Academic Support Services | Academic | College, Career/ Financial Aide | Personal/ Family | Workforce Preparation | Cultural Enrichment Sports Programs | Mentoring Services | Student Family Outreach | Student Advocacy | Total Hours | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | |

* Outreach includes home visits to students and/or documented efforts to recapture inactive students.

Note: This form is to be submitted upon completion at the beginning of the subsequent month to the Great Potential Office.
Office Fax: 914-251-6497 Telephone (914) 251-6891