

	Ambassador Name	√ if presen
Family Group Meeting Report Safe School Ambassadors® Program		
School Name:		
Program Advisor:		
Facilitator(s):		
Date: Time:		
Place:		
What did you do in this meeting?		
Successes Ambassadors reported since last r	neeting:	
Challenges Ambassadors encountered since tried to meet them):	ast mtg (and how you did	or
Comments, Concerns or needs that YOU or yo	our Family Group have:	

INSTRUCTIONS: Please complete this form after **each** Family Group meeting. Email (or give) to your Program Advisor.