

# C.O.R.E. Susquehanna Accomplishment Report

Circle one time period

Period Covered: Aug. 24, 2009 /Feb. 26, 2010  
2010

Feb 27, 2010 /Aug 13,

Name \_\_\_\_\_

Site Served \_\_\_\_\_

## Human Services

Check the category (s) that describes who you served.

Children 4-12 \_\_\_\_\_

Families \_\_\_\_\_

High Risk Youth \_\_\_\_\_

Youth 13-18 \_\_\_\_\_

Individuals \_\_\_\_\_

At risk Women \_\_\_\_\_

Adults 19-55 \_\_\_\_\_

Communities \_\_\_\_\_

Victims of Crime \_\_\_\_\_

Seniors 56+ \_\_\_\_\_

Homeless \_\_\_\_\_

Low Income \_\_\_\_\_

Unemployed \_\_\_\_\_

People with Disabilities \_\_\_\_\_

Rural \_\_\_\_\_

Urban  
speaking \_\_\_\_\_

Veteran \_\_\_\_\_

Non English

Minorities \_\_\_\_\_

What is the primary way that you would identify those you  
serve? \_\_\_\_\_

\_\_\_\_\_

Describe your Activity ( ex. Help with intake, gather information, aid with counsel,  
facilitate housing, provide food, case management, educational services, provide  
mentoring etc.) \_\_\_\_\_

\_\_\_\_\_

---

---

How many people did you serve in each capacity of service? \_\_\_\_\_

How do you measure resolution relative to the needs of the people served? (ex. Interviews, evaluations, surveys, observation, other- please describe)

---

---

---

---

***Note: Attach completed tracking forms etc. that show measured progress***

What was the number/percentage of people who had their need resolved or found measureable benefit from your services? \_\_\_\_\_

Did you meet or exceed your sites objective? Yes\_\_\_\_ NO\_\_\_\_

What was number of group briefings/presentations that you participated in giving?  
\_\_\_\_\_

What was the number of people attending those briefings/presentation? \_\_\_\_\_

Describe any changes you plan to make to enhance present progress or performance at your site.

---

---

---

---

Describe one successful or positive interaction with a client that is particularly memorable. Please be specific and, if necessary detailed. You may use another sheet of paper.



Signature of Member \_\_\_\_\_

Printed Name of Member \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Printed Name of Supervisor \_\_\_\_\_

Date Submitted \_\_\_\_\_