



Parenting Education Project
 Mental Health Association in Texas
 8401 Shoal Creek Blvd.
 Austin, TX 78757
 (512) 454-3706

1995196

AmeriCorps Member Monthly Report

Name: _____ Date _____

Project Site: _____ status: Full-time
 Part-time

Please take some time at the end of each month to complete this AmeriCorps Member Monthly Report form. Your input will help us evaluate the project and provide better services. Feel free to attach additional pages if necessary.

1. What did you consider to be your best *direct service accomplishment* with recipients this month?

SAMPLE

2. What impact did your service have on the community?

(Continued on page 2)

3. How have you grown **personally** and **professionally**?

SAMPLE

4. What challenges have you faced and what changes do you **recommend**?

**Mail completed reports to:
Allen Dietz
Mental Health Association in Texas
8401 Shoal Creek Blvd.
Austin, TX 78757
or fax them to (512) 454-3725**