



## Parent's Weekly Reporting Form

<b>Parents name:</b>	<b>Location:</b>
<b>Dates of week:</b> Monday_____ - Friday_____ Month:_____ Year:_____	<b>Phone Number:</b>
<ul style="list-style-type: none"> <li>Please complete this form every week to help us understand the number of individuals with disabilities who are being impacted by the work of Kuhenza. Please use space on back of form for extra comments.</li> <li>Every month please return all weekly tracking forms to Kuhenza Office, along Malindi Road, near Oilibya, Gede.</li> <li>Alternatively please send a high quality picture of this form your community leader contact or a Kuhenza staff member</li> <li>Please do not hesitate to contact us if you require any further assistance</li> </ul>	

<b>1) How many speeches have you given about disability care, rights and inclusion to groups?</b>  <b>Total number:</b> _____	<b>A) Location of each speech</b>	<b>B) Number of people</b>	<b>C) Gathering Type</b>
<b>2) How many individuals have you spoken to about disability care, rights and inclusion?</b>  <b>Total number:</b> _____	<b>A) Names of persons</b>		<b>B) Type / title of persons</b>
<b>3) How many people impacted by disability have you counselled?</b>  <b>Total number:</b> _____	<b>A) Names of persons</b>		<b>B) Type / title of persons</b>
<b>4) How many children with disabilities have you referred to school?</b>  <b>Total number:</b> _____	<b>A) Child names</b>	<b>B) School names</b>	<b>C) Did they attend?</b>



<p><b>5) How many children with disabilities have you referred to medical care?</b></p> <p><b>Total number:</b> _____</p>	<p><b>A) Child names</b></p>	<p><b>B) Facility names</b></p>	<p><b>C) Did they attend?</b></p>
<p><b>6) How many families of disabled children have you referred to parent support groups?</b></p> <p><b>Total number:</b> _____</p>	<p><b>A) Names of persons</b></p>		<p><b>B) Did they attend?</b></p>

**Additional Comments**

How have you been supporting your own child with a disability this month? What changes have you seen in him or her?

Describe any challenges you faced this month or situations that prevented you from taking action:

Follow up from previous weeks referrals/counselling/support groups etc.:

Are there any individuals who require additional assistance from Kuzenza? (Please provide contact details):