Form Approved

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**LGBTQ Inclusivity Toolkit Demonstration Project**

### Monthly Report Form

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**LGBTQ Inclusivity Toolkit Demonstration Project**

### Monthly Report Form

This worksheet is intended to support your district as your team works towards adopting the LGBTQ inclusivity strategies that you select after reviewing the toolkit. LGBTQ stands for lesbian, gay, bisexual, transgender, or queer/questioning. We have filled in each strategy and associated steps that you shared with us as part of your action plan. Please indicate your progress with each step this month and share any events or activities that took place.

Please complete this report and submit it to lisa.carver@icf.com by the 15th of each month (for example, please submit the February report by March 15th).

| **Name of District:**  |
| --- |
| **Month:** |
| **Strategy:***These are the strategies you listed in your district action plan.* | **Steps to Complete the Strategy***These are the steps that you listed to complete each strategy in your district action plan.* | **Progress this month***Please indicate your progress with each step this month.* | **Notes***Please tell us about your completed activities, successes, and challenges during the month. If there is anything else you’d like to record, please add any notes here.* |
| **Strategy 1:** | Step 1 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 2 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 3 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 4 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 5 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| **Strategy 2:** | Step 1 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 2 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 3 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 4 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 5 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| **Strategy 3:** | Step 1 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 2 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 3 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 4 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 5 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| **Strategy 4:** | Step 1 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 2 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 3 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 4 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |
| Step 5 | * Have not started
* Worked on but not finished
* Finished this month
* Already finished before this month
 |  |

Did your district host any events or activities related to LGBTQ inclusivity this month (for example, planning meetings, GSA or other club meetings, events, professional development trainings, or other)? If so, please list each activity and the number of people that attended each activity below. Please do not include names of attendees or any other identifying information.

| **Name of event** | **Number of attendees** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Thank you for taking the time to fill out this monthly report! Your ICF coordinator will follow up with you to schedule a monthly call.