


### **Instrument 7 -Non-Grantee Use of nFORM - Staff Data Entry**

SIRF will implement an intervention in one site that is not a federal Responsible Fatherhood grantee. Therefore, we are requesting burden to cover collection of program operations data entered into the nFORM, a performance measures data collection system designed for Responsible Fatherhood grantees, by staff in a non-grantee site. These screens collect information on services provided to participants are part of the full nFORM information collection request package - Healthy Marriage and Responsible Fatherhood Performance Measures and Additional Data Collection (ICR Ref #[202102-0970-014](#))..


**Note: Screen shots include fictional names for illustrative purposes. OMB Control Number and Expiration Date appear on entry to nFORM system and individual surveys.**


## C1-C6. Client Level Data on Service Contacts, Referrals, Incentives, and Workshops


Grantee 1 HM (LE) - GR10011 (Healthy Marriage)





Information, Family Outcomes, Reporting, and Management


Clients

Workshops

Service Providers

Reports

Settings

Help

Hello, [testuser82@mpr.com!](#) [Log off](#)

All ClientsMy ClientsBulk Update

### All Clients

Search Criteria

Grantee Location

Client ID

Last Name

First Name

Middle Name

Case Manager

Application Date

Client Status

Service Assignment

Search

Clear Criteria

+ Add Client

Items per page 10

## C2. Application Form



\* Indicates required field(s)

\* Application Date

Grantee Location

\* Population

☐ Check here if client is in a local evaluation

### Client Information

\* First Name

Middle Name

\* Last Name

\* Date of Birth

\* Was the applicant screened for intimate partner violence or teen dating violence? ☐ Yes ☐ No

### Contact Information

#### Address

\* Street (Line 1)

Street (Line 2)

\* City

\* State

\* ZIP

#### Phone #

*One phone or email is required*

Home Phone

Cell Phone

Work Phone

#### Social Media

Email

Facebook

Twitter

Other

☐ Check here if client agrees to be contacted by text message

☐ Check here if client has no phone or email

#### Additional Contact(s)

Add Contact

Save

Cancel

Additional Contact(s)

Contact #1

Remove Contact #1

\* First Name

Middle Name

\* Last Name

\* Relationship

--Select relationship



Address

Street (Line 1)

Street (Line 2)

City

State

--Select



ZIP

Phone #

Social Media

*One phone or email is required*

Home  
Phone

Cell Phone

Work Phone

Email

Facebook

Twitter

Other

☐ Check here if contact has no phone or email

Add Contact

Save

Cancel

# Maxwell Smart (Client ID 40001205)

Profile

Service History

Workshops / Sessions

## Program Information

Edit

Enrollment Date 11/11/2015  
Service Assignment G2 Treatment Group  
Client Status Active  
Status Change Date 11/5/2015

## Client Information

Edit

Application Date 11/5/2015  
Population Adult individual  
Date of Birth 4/4/1992

ⓘ Applicant has been screened for intimate partner violence or teen dating violence.

## Contact Information

202 Main St.  
Anytown NJ 08888  
(212) 555-1212

## Additional Contacts

ⓘ No additional contact(s) have been added.

## Assigned Case Manager(s)

Edit

MarybethM Site Administrator, Matt Case Manager

## Client Surveys

Type	Status	Date Completed	Action
Applicant Characteristics Survey	Complete <span>✓</span>	11/05/2015	<a href="#">Review</a>
Entrance Survey	Incomplete	--	<a href="#">Passcode</a>
Exit Survey	Incomplete	--	<a href="#">Passcode</a>

## Service Summary

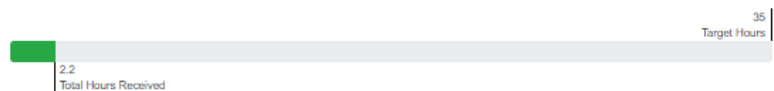
Type	# Provided	Most Recent
Service Contacts	2	4/24/2017
Referrals <span>⚠ Follow up needed</span>	3	4/24/2017
Incentives	2	4/24/2017

## Workshop Summary

Name <i>*Primary</i>	Workshop Hours Received	# Session(s) Attended	Last Session Attended	Next Meeting Date
Dosage Workshop #5	8	2	12/10/2019	--
Test 1HM Workshop 2*	2.2	2	3/30/2016	--

### Primary Workshop Participation for the Client





Progress towards target participation in primary workshop(s) (hours)













Primary workshop participation meter is provided only for clients enrolled on or after 10/6/2015

## Maxwell Smart (Client ID 40001205)

[Profile](#)
[Service History](#)
[Workshops / Sessions](#)

Service Contacts <span>➕ Add Service Contact</span>						
Service Date	Data Entered By	# Referrals	# Incentives	Contact Method	Most Recent Notes	Add Referral(s)
 4/24/2017	MarybethM Site Administrator	0	0	Email	for max	<a href="#">➕ Add Referral</a>
 4/24/2017	MarybethM Site Administrator	0	0	In community	for agent 99	<a href="#">➕ Add Referral</a>
 4/24/2017	MarybethM Site Administrator	3  Follow up needed	1	During home visit	note 2. saved 8/13/2018 2:57 pm.	<a href="#">➕ Add Referral</a>
3 Record(s)						


Referral History				
Service Date	Data Entered By	Referred To	Referral Type(s)	Follow Up Needed
 4/24/2017	MarybethM Site Administrator	Service Provider 1	Legal Assistance Referral	 Y
 4/24/2017	MarybethM Site Administrator	Service Provider 1	Mental Health Referral	 Y
 4/24/2017	MarybethM Site Administrator	1HM Agency 4	Childcare Assistance	 Y
3 Record(s)				

Incentives History <span>➕ Add Incentive</span>				
Date Provided	Data Entered By	Incentive Type	Amount	Incentive Reason
 4/24/2017	MarybethM Site Administrator	Emergency Assistance	100	Related to encouraging participation
 4/24/2017	MarybethM Site Administrator	Employment related costs	50	Related to program milestone
 4/24/2017	MarybethM Site Administrator	Emergency Assistance	25	Related to program milestone
 4/24/2017	MarybethM Site Administrator	Employment related costs	200	Related to encouraging participation
4 Record(s)				

## Maxwell Smart (Client ID 40001205)

[Profile](#) [Service History](#) [Workshops / Sessions](#)

### Current / Upcoming Workshops

 Client is currently not registered for any workshops.

### Session Attendance

Date	Workshop Name	Workshop Type	Session Series	Attended?	Individual Make-Up Session
3/30/2016	Test 1HM Workshop 2	Primary	Workshop	Y	--
3/30/2016	Test 1HM Workshop 2	Primary	Workshop	Y	--
3/29/2016	Test 1HM Workshop 2	Primary	Workshop	Y	--
12/13/2016	test b	Not in Use	dgf	Y	--
8/24/2016	23	Primary	Same Day Reg Test	Y	--
12/13/2016	Elevate	Primary	Elevate Yourself	Made Up	<a href="#">View Make-Up</a>
12/13/2016	Elevate	Primary	Elevate Early in the Day	Y	--
1/7/2019	Elevate	Primary	1/7/2019 start date	Y	--
4/1/2019	Elevate	Primary	May Test	Y	--
4/8/2019	Elevate	Primary	May Test	Y	--

1 2 >

14 Record(s)

## Possible Duplicate(s) Found

 Barry Allen (Client ID 10021095, DOB 7/15/1976) [Edit](#)

Client entered matches the following existing client(s)

[Save pending resolution](#)

[Override Duplicate \(Allow Client\)](#)

[Duplicate confirmed](#)

## C7/C12/C13. Add/Edit Client Service Contacts, Referrals, and Incentives

### C7. Add/Edit Service Contact

\* Indicates required field(s)

#### Service Contact Information

* Service Date	4/24/2017	* Case Manager	Site Administrator, MarybethM
* Contact Method	Email	* Length of Contact	5 - 14 min
* Did service contact result in direct client contact? <input checked="" type="radio"/> Yes <input type="radio"/> No			
* Service contact included <input checked="" type="radio"/> Maxwell Smart only <input type="radio"/> Agent 99 only <input type="radio"/> Couple			
Additional Participant(s) <input type="checkbox"/> Child(ren) (Check all that apply) <input type="checkbox"/> Other parent(s) of child (not partner) <input type="checkbox"/> Other service provider <input type="checkbox"/> Parent/guardian of youth client <input type="checkbox"/> Other			

#### Client Issues and Needs Discussed

\* Client issues and needs discussed (Check all that apply)

Some of these services are not allowable with Healthy Marriage and Responsible Fatherhood funds and must be referred out.

<b>Assessment</b> <input type="checkbox"/> Comprehensive Assessment <input type="checkbox"/> Employment/Job Readiness <input type="checkbox"/> Other Targeted Assessment	<input type="checkbox"/> Legal Assistance Referral
<b>Child Support/Custody/Visitation</b> <input type="checkbox"/> Establish/modify child support order <input type="checkbox"/> Establish/modify child visitation order <input type="checkbox"/> Establish/modify child custody order <input type="checkbox"/> Establish/modify parenting plan <input type="checkbox"/> Child support arrearages assistance <input type="checkbox"/> Establish paternity <input type="checkbox"/> Couple mediation	<b>Health/Mental Health Support</b> <input type="checkbox"/> Medical/Dental/Wellness <input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Substance Abuse Referral <input type="checkbox"/> Health Insurance
<input type="checkbox"/> Child Welfare Services Involvement	<input type="checkbox"/> Parenting
<input type="checkbox"/> Domestic Violence/Intimate Partner Violence	<b>Social services/Emergency needs</b> <input type="checkbox"/> Housing/Rent Assistance <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Clothing (not job related) <input checked="" type="checkbox"/> Public assistance/welfare <input checked="" type="checkbox"/> Food Assistance <input type="checkbox"/> Obtain driver's license/state ID/birth certificate/other identifying documents <input type="checkbox"/> Other social services/emergency needs (specify)
<input type="checkbox"/> Financial Counseling	
<b>Education</b> <input type="checkbox"/> English for Speakers of Other Languages (ESOL) <input type="checkbox"/> General Educational Development (GED) <input type="checkbox"/> Licensure/Certification (specify) <input type="checkbox"/> Other Education (specify)	<input type="checkbox"/> Healthy Marriage and Relationship Education Services <input type="checkbox"/> Other Service (specify)
<input type="checkbox"/> Family Therapy/Counseling Referral	<input type="checkbox"/> Meeting with Facilitator <input type="checkbox"/> Reminder contact (call, email, text) <input type="checkbox"/> Youth services (specify)
<b>Job/Career Advancement</b> <input type="checkbox"/> Career planning <input type="checkbox"/> Employment resources <input type="checkbox"/> Job search assistance <input type="checkbox"/> Resume development	

#### Service Notes

Note #1 for max

Add Note

Edit

Cancel



## C12. Add/Edit Referral



\* Indicates required field(s)

### Service Contact Information

Service Date	4/24/2017	Case Manager	MarybethM Site Administrator
Contact Method	During home visit	Length of Contact	Up to 4 min
Did service contact result in direct client contact? Yes			
Service contact included	Couple		
Additional Participants	Other service provider		
Client Issues and Needs Discussed	Establish/modify parenting plan, Child support arrearages assistance		
Most Recent Note	<div>note 2. saved 8/13/2018 2:57 pm.</div>		

### Referral Information

Did the client follow-through on the referral below? ☐ Yes ☐ No

\* Referred To 

Service Provider 1

\* Referral For ☐ Maxwell Smart only ☐ Agent 99 only ☒ Couple

\* How was referral provided to client? ☒ In Writing ☐ Verbally

\* Was referral also communicated directly to service provider? ☐ Yes ☒ No

## Referral Types

\* Referral Types (Check all that apply)

### Assessment

- ☐ Comprehensive Assessment
- ☐ Employment/Job Readiness
- ☐ Other Targeted Assessment

### Child Support/Custody/Visitation

- ☐ Establish/modify child support order
- ☐ Establish/modify child visitation order
- ☐ Establish/modify child custody order
- ☐ Establish/modify parenting plan
- ☐ Child support arrearages assistance
- ☐ Establish paternity
- ☐ Couple mediation

### ☐ Child Welfare Services Involvement ?

### ☐ Domestic Violence/Intimate Partner Violence ?

### ☐ Financial Counseling

### Education

- ☐ English for Speakers of Other Languages (ESOL)
- ☐ General Educational Development (GED)
- ☐ Licensure/Certification (specify)
- ☐ Other Education (specify)

### ☐ Family Therapy/Counseling Referral

### Job/Career Advancement

- ☐ Career planning
- ☐ Employment resources ?
- ☐ Job search assistance ?
- ☐ Resume development

### ☒ Legal Assistance Referral

### Health/Mental Health Support

- ☐ Medical/Dental/Wellness
- ☐ Mental Health Referral
- ☐ Substance Abuse Referral
- ☐ Health Insurance

### ☐ Parenting ?

### Social services/Emergency needs

- ☐ Housing/Rent Assistance
- ☐ Childcare Assistance
- ☐ Clothing (not job related) ?
- ☐ Public assistance/welfare ?
- ☐ Food Assistance
- ☐ Obtain driver's license/state ID/birth certificate/other identifying documents
- ☐ Other social services/emergency needs (specify)

### ☐ Healthy Marriage and Relationship Education Services ?

### ☐ Other Referral (specify)

### ☐ Youth services (specify)

## Referral Notes

+ Add Note

Edit

Cancel

## C13. Add/Edit Incentive



\* Indicates required field(s)

\* Is this incentive associated with a service contact? ☒ Yes ☐ No

### Service Contact Information

\* Service Date

Case Manager

Contact Method

Length of Contact

Did service contact result in direct client contact?

Additional Participants

Client Issues and Needs

Discussed

Most Recent Note

### Incentive

\* Incentive For ☐ Maxwell Smart only ☐ Agent 99 only ☒ Couple

All incentives must be approved by your OFA FPS.

\* Type of Incentive

Amount \$

Housing/rent assistance excluding utilities

\* Reason for Incentive

Delete

Save

Cancel



## W1. Workshop List

### Workshops

+ Add Workshop						Items per page	10	▼
Workshop Name	Population	Registration Required	Enrollment	Type	Total Hours			
<a href="#">Q 23</a>	Adult individual	Yes	Other	Primary	140			
<a href="#">Q 24/7 Dad</a>	Adult individual	Yes	Open	Primary	20			
<a href="#">Q Couple Workshop</a>	Adult couple	Yes	Cohort	Optional	10			
<a href="#">Q Dosage Workshop #1</a>	Adult individual	Yes	Open	Optional	20			
<a href="#">Q Dosage Workshop #3 - Other specify</a>	Adult couple	No	Cohort	Primary	6			
<a href="#">Q Dosage Workshop #4 - specify</a>	Adult couple	No	Cohort	Primary	6			
<a href="#">Q Dosage Workshop #5</a>	Adult individual	No	Cohort	Optional	20			
<a href="#">Q Elevate</a>	Adult couple	Yes	Cohort	Primary	5			
<a href="#">Q FAMLE View Workshop</a>	Adult couple	Yes		Primary	10			
<a href="#">Q JIRA 1408 Test Workshop</a>	Adult individual	Yes	Cohort	Primary	140			
<a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">»</a>						24 Record(s)		

## W2. Add/Edit Workshop

### W2. Add/Edit Workshop



\* Indicates required field(s)

Program	Healthy Marriage
* Population	<input type="text" value="--Select population"/>
* Workshop Name	<input type="text"/>
Description	<input type="text"/>

### Workshop Details

* Registration Required	<input type="radio"/> Yes <input type="radio"/> No
<i>This selection cannot be changed once it is saved.</i>	
* Enrollment	<input type="text" value="--Select"/>
* Total Hours to be Offered	<input type="text"/>
* Activities (Check all that apply)	<input type="checkbox"/> Divorce reduction <input type="checkbox"/> Education in high schools <input type="checkbox"/> Marriage and relationship education/skills (MRES) <input type="checkbox"/> Marriage enhancement <input type="checkbox"/> Marriage mentoring <input type="checkbox"/> Premarital education
* Elements (Check all that apply)	<input type="checkbox"/> Conflict resolution <input type="checkbox"/> Financial management <input type="checkbox"/> Job and career advancement <input type="checkbox"/> Parenting <input type="checkbox"/> None of the above
* Type	<input type="radio"/> Primary <input type="radio"/> Optional <input type="radio"/> Not in Use
<i>This selection cannot be changed once it is saved.</i>	
* Structure	<input type="radio"/> Single <input type="radio"/> Blended <input type="radio"/> Linked <input type="radio"/> Non-curricularized
* Curriculum or other group service (Enter all that apply)	#1 <input type="text" value="--Select"/> Hours <input type="text"/>
	Specify <input type="text"/>
	<input type="button" value="Add"/>

Save

Cancel

## W5. Add/Edit Workshop Session Series

### W5. Add/Edit Session Series



\* Indicates required field(s)

\* Workshop Name

Registration Required ☐ Yes ☐ No

Total Hours to be Offered

Enrollment

Type

Structure

Curriculum or other group service

Description

#### Session Series Details

\* Session Series Name

\* Agency Providing

\* Max # of Clients

☐ No Limit

#### Location

\* Location Name

\* Street

\* City

\* State

\* Zip

Phone

#### Facilitators

\* Facilitators

#### Date & Time

\* # of Sessions

\* Session Start Date

\* Session Start Time

\* Session Duration

Recur Every

(Select all that apply)

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Save

Cancel

## W4/W8. Manage Session Series and Client Registration

### Session Series

Filter Criteria							
Workshop:		--Select workshop					

+ Add Session Series		Items per page 10					
Series Name	Workshop	Location	Facilitators	# of Sessions	Start Date	Registration	
<a href="#">August 10, 2020 start</a>	24/7 Dad	ymca	Jackson Murphy	10	8/10/2020	<a href="#">Manage</a>	
<a href="#">Dadz Meetup</a>	24/7 Dad	DADz	Mr. Rogers	16	5/25/2020	<a href="#">View</a>	
<a href="#">new test series 5/18/20</a>	Tully Test	test location	joe teacher	10	5/20/2020	Not Required	
<a href="#">May 10, 2020 Start</a>	24/7 Dad	Library	test	10	5/19/2020	<a href="#">View</a>	
<a href="#">April 14 Start Date</a>	Couple Workshop	Library	mr. smith	5	4/14/2020	<a href="#">View</a>	
<a href="#">April 6 Start Date</a>	24/7 Dad	ymca	test	10	4/6/2020	<a href="#">View</a>	
<a href="#">test</a>	24/7 Dad	ymca	test	1	3/31/2020	<a href="#">View</a>	
<a href="#">January 21, 2020 start date</a>	Dosage Workshop #1	TownHall	test	10	1/21/2020	<a href="#">View</a>	
<a href="#">January 8, 2020 start</a>	Couple Workshop	YMCA	test	5	1/8/2020	<a href="#">View</a>	
<a href="#">January 8, 2020 Start</a>	Dosage Workshop #1	TownHall	test	5	1/8/2020	<a href="#">View</a>	
<a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">5</a> »							60 Record(s)



## W8. Manage Client Registration

✕

**Workshop Name** 24/7 Dad  
**Session Series** August 10, 2020 start  
**Enrollment** Open  
**Type** Primary  
**Structure** Linked  
**Curriculum or other group service** Career Gear-Rise  
  
**Session Start Date** 8/10/2020  
**Session Start Time** 7:00 PM  
**Location Name** ymca  
**Address** 147 Main Street - Duluth, GA

### Filter Eligible Clients

<b>Grantee Location</b>	<input type="text"/>	<b>Case Manager</b>	<input type="text"/>
<b>Client ID</b>	<input type="text"/>	<b>Client Status</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	<b>Population</b>	<input type="text"/>
<b>First Name</b>	<input type="text"/>	<b>Service Assignment</b>	<input type="text"/>
<b>Enrollment Date Range:</b>			
	From <input type="text"/>	To <input type="text"/>	
	<input type="text"/>	<input type="text"/>	
<input type="button" value="Search"/>		<input type="button" value="Clear Criteria"/>	

## Registration

Eligible Clients:

1889-1, 1889-1 (10021561)  
 99, Agent (40001218)  
 Bailey, George (10008911)  
 Bailey, Mary (10008924)  
 Baratheon, Stannis (10021273)  
 Barbarino, Vinnie (10001565)  
 Beam, Jim (10012488)  
 Beam, Jim (10020245)  
 Bick, Violet (10001691)  
 Bick, Violet 3 (10020300)  
 Bobby, Ricky (10001167)  
 Brady, Carol (10001662)  
 Brady, Greg (10000074)  
 Brady, Greg (10000799)  
 Brady, Mike (10001659)  
 Couple1, Mr.Famle (10012237)  
 Couple1, Mrs.Famle (10012224)  
 Cunningham, Joanie (10008539)  
 Darrel, Dixon (10000773)  
 dev test 2, dev test (10021367)  
 dev test 3, dev test (10000000)

Clients already registered:

Bailey, George (10001549)  
 Bailey, Mary (10001552)  
 Rabbit, Jack (40001153)  
 Robinson, John (10006557)  
 Robinson, Maureen (10006560)

Seats Available: 15

Client ID appears in parentheses after name.

## W7/W9/C11. Manage Session Occurrences and Attendance

### Sessions

Filter Criteria						
Workshop:	--Select workshop					
Session Series:	--Select session series		Session Status:	--Select session status		

Items per page 10						
Occurrence	Session Series	Facilitators	Status	Info	Roster	Attendance
Q Wed 2/8/2019 8:00 PM	1/7/2019 start date	Karen, Georgia	Session Complete	Cancel	Generate	View/Edit
Q Mon 1/28/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	Cancel	Generate	View/Edit
Q Tue 1/22/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	Cancel	Generate	View/Edit
Q Mon 1/14/2019 8:00 PM	1/7/2019 start date	stevens, karen, georgia	Session Complete	Cancel	Generate	View/Edit
Q Mon 1/7/2019 8:00 PM	1/7/2019 start date	stevens	Session Complete	Cancel	Generate	View/Edit
Q Wed 2/8/2019 4:00 PM	1/9/2019 Start Date	jones	Pending Attendance	Cancel	Generate	Record
Q Wed 1/30/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	Reinstate	Generate	View/Edit
Q Wed 1/23/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	Reinstate	Generate	View/Edit
Q Wed 1/16/2019 4:00 PM	1/9/2019 Start Date	jones	Canceled	Reinstate	Generate	View/Edit
Q Wed 1/9/2019 1:00 PM	1/9/2019 Start Date	jones	Canceled	Reinstate	Generate	View/Edit
<div>1 2 3 4 5 »</div>						1356 Record(s)

## W9. Track Session Attendance



\* Indicates required field(s)

Workshop Name 24/7 Dad  
Session Series Name August 10, 2020 start

### Occurrence Details

[Edit](#)

\* Session Date 8/26/2020

\* Session Start Time 7 00 PM

\* Session Duration 2 hour(s) and 00 minutes

\* Location Name ymca

\* Street 147 Main Street

\* City Duluth \* State GA

\* Zip 30096 Phone

\* Facilitators Jackson Murphy

### Attendance

☐ Check here if no clients attended this session

#### Advance Registration

Clients registered for this session:

Bailey, George (10001549)  
Bailey, Mary (10001552)  
Rabbit, Jack (40001153)  
Robinson, John (10006557)  
Robinson, Maureen (10006560)

➔  
Add Client(s)

➞  
Remove Client(s)

Clients who attended this session:

0

Clients who DID NOT attend this session:

0

#### Drop-Ins

Available Clients:

1869-1, 1869-1 (10021561)  
99, Agent (40001218)  
Bailey, George (10008911)  
Bailey, Mary (10008924)  
Baratheon, Stannis (10021273)  
Barbarino, Vinnie (10001565)  
Beam, Jim (10012486)  
Beam, Jim (10020245)  
Bick, Violet (10001691)  
Bick, Violet 3 (10020300)  
Bobby, Ricky (10001167)  
Brady, Carol (10001662)  
Brady, Greg (10000074)  
Brady, Greg (10000799)  
Brady, Mike (10001659)  
C... (10000000)

➔  
Client(s)  
Attended

➞  
Remove Client(s)

Clients who attended this session:

0

Client ID appears in parentheses after name.

Save

Cancel

## C11. Make-Up Workshop Session



\* Indicates required field(s)

<b>Workshop Name</b>	Test 1HM Workshop 2
<b>Workshop Type</b>	Primary
<b>Session Series Name</b>	Workshop
<b>Session Date</b>	5/4/2016

\* **Make-Up Date**



**Notes**

Save

Cancel