



ReCAST Minneapolis Connect Provider

Reporting Form for Provider to be submitted monthly to ReCASTMinneapolisInfo@minneapolismn.gov

Provider name:

Organization Name:

Date submitted:

Use this section to summarize the services you have provided to community, record information about your trauma informed, trauma support sessions or activities. Please complete for each activity or session provided.

Name of Activity or Session	Date	# of people attended your session or activity?	Neighborhood where activity or session took place	Please describe the demographics of the individuals served

1. Summarize what worked well during your session or activity.
2. Summarize any challenges that you experienced during your session or activity. How could those challenges be mitigated in the future?



3. Summarize any feedback you received from participants about your session or activity.
4. Use this space for any other information you would like to share about your session.