

Please enter the following information for each meeting, including all committees and working groups to assist the coordinator with tracking activities.

**\*1. Please check off the appropriate group for this meeting:**

- Lead Table
- Best Start Network
- Service Integration
- Early Development instrument (EDI)
- Triple P
- Read to Every Kid
- Other (please specify)

**\*2. Please enter the MM/DD/YYYY for this meeting.**

Meeting Date      MM      DD      YYYY  
 /  /

**\*3. How many people attended this meeting?**

Number of People:

**4. Please check the Agencies involved in this meeting from the list below. If the agency is not listed please use the other and provide the agency name.**

- ARCC
- Big Brothers/Big Sisters
- Catholic District School Board
- CDC Hotel Dieu
- Children's Mental Health of Leeds and Grenville (formerly CYWC)
- Community Volunteer
- Developmental Services of L&G
- Employment and Education Center
- Family & Children Services
- HCP
- Infant Child Development
- Lanark, Leeds& Grenville Health Unit
- Ministry Children Youth Services
- Ministry of Education
- Ontario Early Years Center
- SCC
- United Counties of LG
- Upper Canada District School Board
- YMCA
- Other (please specify)

**5. Was this meeting to develop a community resource?**

- YES
- NO
- UNSURE

**\*6. If YES, what is the resource being developed?**

**7. Were there any presentations at this meeting? Consider both guest speakers and committee members.**

- YES
- NO
- UNSURE

**\*8. If YES, what was presented?**

Thank you for providing the meeting information. If you have any questions please contact the Every Kid Coordinator.