

BACKPACK COORDINATOR MONTHLY REPORT

**Please fill in report and fax to 318-322-1620, Attn.: Stacey Guidry

School Name _____ Month/Year _____

Name/Title of Person Completing Report _____

Week 1 Date _____ Number of Bags
Distributed _____

Week 2 Date _____ Number of Bags
Distributed _____

Week 3 Date _____ Number of Bags
Distributed _____

Week 4 Date _____ Number of Bags
Distributed _____

Week 5 Date _____ Number of Bags
Distributed _____

Total Number of Bags Distributed _____

Number of Bags Damaged _____

How many children did you serve each week? _____

Share stories of how this food helped a child _____

Comments or Concerns _____

Most asked for items/wish list _____