



# CLARK COUNTY YOUTH SHELTER & FAMILY SERVICES, INC.

## IYSA Monthly Tracking Sheet

Month of: \_\_\_\_\_

Staff Member: \_\_\_\_\_

**Community Education:** *(If a presentation overlaps, choose one row that best applies.)*

	# of Presentations	# of Youth	# of Adults	# of Print Materials	# of Promo Items	# of PSAs	# of Social Media Posts	# of Media Articles
Make Good Decisions	*	*	*	*	*	*	*	*
Agency/Services								
Youth Issues								
<b>Total</b>	*	*	*					

**Individual Advocacy:** *(Includes court, school meetings, DCS case meetings, etc.)*

	Total #	School	Legal	Housing	Health Mental Health	Other Services
Youth						
Family						
<b>Total</b>	*					

**Group Advocacy:**

	Total # of Events	# of Youth	# of Adults	# of Calls	# of Legislative Contacts (not local)	# of Local Contacts	Print Materials Delivered
Agency							
Youth/Family Issues							
Prevention Services							
<b>Total</b>	*	*	*				

*Submit to the Assistant Director at the end of the month.*

Exec. Dir. ____
Asst. Dir. ____