Safe Kids Click here to enter text.

Coalition Data Collection Sheet

Please complete a sheet for each safety event that your agency is involved in, which you also represented Safe Kids Click here to enter text. or distributed Safe Kids Click here to enter text. materials. Email the completed sheet to Click here to enter text.at Click here to enter text.

**Event Date**:Click here to enter text. **Name of Event**:Click here to enter text.

**Location**: Click here to enter text.

**Name of person submitting form and contact info:** Click here to enter text.

**Area of Focus:** (If more than 3 areas of focus, select top 3 areas of focus at event.)

|  |  |
| --- | --- |
|[ ]  ATV |[ ]  Pedestrian |
|[ ]  Child Passenger Safety |[ ]  Poison |
|[ ]  Coalition Promotion |[ ]  Safe Sleep |
|[ ]  Falls |[ ]  Sports Injury |
|[ ]  Farm |[ ]  Teen Motor Vehicle |
|[ ]  Fire |[ ]  Water |
|[ ]  Home |[ ]  Wheeled Sports |
|[ ]  Other |  |  |

**Activity Type**: (please give brief description of the audience and purpose)

[ ] Presentation:Click here to enter text. [ ]  Social Media: Click here to enter text.

[ ] Training:Click here to enter text. [ ]  One–on-One Training: Click here to enter text.

[ ] Health/Safety Fair or Community Event:Click here to enter text. [ ] Other: Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# Children reached:** | Click here to enter text. |  | **Attendance at your booth:** | Click here to enter text. |
| **# Adults reached:** | Click here to enter text. |  | **Total attendance at event:****(i.e. total # at health/safety fair, etc…)** | Click here to enter text. |
| **# Volunteers involved** | Click here to enter text. |  |  |  |
| **# Volunteer hours** | Click here to enter text. |  | *Continued on next page* |  |

**Lives Saved:** (If you are aware of accidents involving individuals that you had previously reached and feel your intervention resulted in safer behaviors that factored into a favorable result of that accident, please give brief explanation): Click here to enter text.

**Media Coverage:** (give brief description of any accidental injury coverage at your organization or at an event, include if Safe Kids SE WI or Safe Kids USA was identified in the coverage or not.): Click here to enter text.