

## SITE STATUS REPORT

Today's Date:		Date of Sessions: From:		To:	
Site Name:		Site Address:			
City:		Province:		Postal Code:	
My Registered Director is:					
Number of Facilitators:					

Please let us know the details of your programme, using the following guidelines: Attribute only ONE type of loss per participant; supply information by LEVEL for each participant.

Curricula Used	Female	Male	Death	Separation	Divorce	Other Loss	First Nations	Total # in Level
SunBeams								0
Rainbows Level 1								0
Rainbows Level 2								0
Rainbows Level 3								0
Rainbows Level 4								0
Alumni Level 1								0
Alumni Level 2								0
Alumni Level 3								0
Alumni Level 4								0
Spectrum Level 1								0
Spectrum Level 2								0
<b>TOTAL PER CATEGORY</b>	0	0	0	0	0	0	0	0

ADULT CURRICULA INFORMATION								
Curricula Used	Female	Male	Death	Separation	Divorce	Other Loss	First Nations	Total
Kaleidoscope								0
Prism								0
<b>TOTAL PER CATEGORY</b>	0	0	0	0	0	0	0	0

### TELL US ABOUT YOUR PROGRAM

Program is going well	
Program is in need of Facilitators	
Community based referrals accepted	
Never started program after training	
Concerned about low enrolment	

Trouble finding funds for reordering consumables							
Program is suspended at this time							
Date we plan to re-start							
We have a summer program							
Our site is a:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>school</td><td></td></tr> <tr><td>agency</td><td></td></tr> <tr><td>church</td><td></td></tr> </table>	school		agency		church	
school							
agency							
church							

By filling out this form, you assist us to secure funding that help keep site costs down.  
Please return by email to materials@rainbows.ca