



AfterSchool Works! New York

SAC Credential Host Agency Quarterly Report

Part 1: Reporting Period (circle one)

Jan – Mar	July – Sept	April – June	Oct – Dec
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Part 2: Contact Information

Host Agency Name:	
Agency Address:	
City:	Zip:
Phone:	Fax:
Contact Person:	Email:

Part 3: Service Outputs

Number of credential candidates served during reporting period:

Number of preparatory classes held during reporting period:

Number of credentialed candidates ready for assessment:

Are you planning a SAC credential preparatory class during the next reporting period?

If yes, please indicate:

Start / completion date:

Day and time of class:

Class location:

Tuition / class fee price point:

Name of course instructor (s):

Please submit completed report via email to lsiebert@cdcccc.org.

SAC Credential Course Roster

Host Agency _____

Jan April July October

Instructor(s) _____

Year _____

	Name	Email Address	Start Date	End Date	Status	
1					Current	Dropped
2					Current	Dropped
3					Current	Dropped
4					Current	Dropped
5					Current	Dropped
6					Current	Dropped
7					Current	Dropped
8					Current	Dropped
9					Current	Dropped
10					Current	Dropped
11					Current	Dropped
12					Current	Dropped
13					Current	Dropped
14					Current	Dropped

15					Current	Dropped
16					Current	Dropped
17					Current	Dropped
18					Current	Dropped
19					Current	Dropped
20					Current	Dropped