

Form Name: Family Engagement Community of Practice: Fall 21  
Submission Time: September 7, 2021 1:16 pm  
Browser: unknown / unknown  
IP Address: 127.0.0.1  
Unique ID: 999999999  
Location: 64.7511, -147.3494

**Name of Statewide Afterschool Network:**

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**Name of Network Contact:**

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**Email:**

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**Describe your efforts in the last year focused on family engagement. Describe one bright spot. Describe a challenge or barrier that you experienced.**

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**Describe how this opportunity will build on your efforts as related to equity and inclusion and cultural relevance.**

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**What does your Network hope to gain from participating in this community of practice? As part of the community of practice, our goal is to support you as you build an action plan. Do you have a current plan in mind, or ideas that you'd like to work on?**

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**Please share what would help us better understand your role in family engagement at the Network, partner, or program level?**

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**Is there anything else you'd like to share to help us better understand your interests and needs in family engagement?**

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**Participant #1 Name**

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**Participant #1 Title**

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**Participant #1 Organization**

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**Participant #1 Email**

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**Participant #2 Name**

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**Participant #2 Title**

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**Participant #2 Organization**

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**Participant #2 Email**

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**Participant #3 Name**

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**Participant #3 Title**

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**Participant #3 Organization**

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**Participant #3 Email**

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**Participant #4 Name**

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**Participant #4 Title**

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**Participant #4 Organization**

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**Participant #4 Email**

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