NORTH STATE TOGETHER
County Network
Progress Report

Name of County Network

Reporting Period: _____1, 20XX to _____ 30/31, 20XX

County Network Board or Executive Team Members:
Name, Title, Organization/Affiliation
Name, Title, Organization/Affiliation

Personnel/Consultants:
Name, Title (e.g. Network Coordinator), Part-time/Full-time

Contributions to the NST Partnership During the Reporting Period:
Narrative form – tell us your story!

Focus Area/Initiative Activities During the Reporting Period:
Narrative form – tell us your story, and include the following information!
E.g. Kindergarten Readiness
     Activities/Work/Progress, etc.
          Status/Progress/Outcomes/Results

E.g. Post-Secondary Success
     Activities/Work/Progress
          Status/Progress/Outcomes/Results

Initiative Success Indicator:
Clearly document at least one current, active initiative that is working towards achieving one or more county success indicators (e.g. increased students ready for kindergarten, or increased number of students who graduate high school having completed A-G requirements, etc.) as well as the data to show progress toward the success indicator;

County Network Activities During the Reporting Period:
Narrative form – tell us your story!
E.g. Meetings/Stakeholder Recruitment/Prof. Dev./Roadmap Work

Notable Accomplishments During the Reporting Period:
Narrative form – tell us your story!

Challenges Faced During Reporting Period:
Narrative form – tell us your story!

On the Horizon:
Narrative form – tell us your story!

What Can NST Do to Help?

Attach   Appendix A - County Network Financial Progress Report
          Appendix B - Best Practice Form(s)
          Appendix C - Current County Network Roadmap and Data Indicator Tracking