

CSI HEAD START / EARLY HEAD START
COMMUNITY INVOLVEMENT

Center Name: _____

Supervisor: _____

#1 Group or Board Name: _____

Contact Person: _____

Office Held: _____

Meet How Often: _____

#2 Group or Board Name: _____

Contact Person: _____

Office Held: _____

Meet How Often: _____

#3 Group or Board Name: _____

Contact Person: _____

Office Held: _____

Meet How Often: _____

#4 Group or Board Name: _____

Contact Person: _____

Office Held: _____

Meet How Often: _____

#5 Group or Board Name: _____

Contact Person: _____

Office Held: _____

Meet How Often: _____

PLEASE UPDATE FORM WHEN NEEDED