



PARTNER ASSESSMENT TOOL

School: _____

Partner: _____

What type of service do you provide?	
Number of students served in your program:	
Who are you targeting for service?	
Number of students on your waiting list:	
Number of staff:	
Names of staff:	
Any limitations that you are currently facing?	
List any events or activities that involved parents:	
Number of parents involved:	
Upcoming events:	
Short Success Story:	