



# Bright Beginnings Story Reporting Form

## Reporting Instructions

Facilitators using the *Bright Beginnings* curriculum material should:

- Make copies of the “Story Reporting” form and keep it in a convenient place so you will remember to use them.
- When you hear a story, anecdote, or positive experience from a program participant (especially if it indicates a positive result, knowledge gain, or behavior change), record it on the Story Reporting form. If possible, give a copy of the form to the participant instead and ask them to record the story or experience and submit it back to you.
- Facilitators may also ask program participants to share possible changes or impacts from the program that can be reported on the Story Reporting form.
- Submit a copy of the completed form. The form is designed as a self-mailer — just fold, staple or tape, and stamp and mail. Mail to:

Bright Beginnings Program  
CDFS Extension, EML 277  
North Dakota State University  
Fargo, ND 58105.



# Bright Beginnings Story Reporting Form

Please record, or ask a participant to record, any stories, testimonials, or anecdotes indicating a positive impact or behavior change for participants resulting from participation in the *Bright Beginnings* program.

1. Story or anecdote (please report as accurately as possible):

2. Information about the person:

\_\_\_\_\_ First name(s) only

\_\_\_\_\_ Gender

\_\_\_\_\_ Marital Status

\_\_\_\_\_ Number of Children

\_\_\_\_\_ Ages of Children

\_\_\_\_\_ Residence (*city, town, farm, etc.*)

\_\_\_\_\_ Race/ethnicity

\_\_\_\_\_ Education

3. When, where, and to whom was the statement made? \_\_\_\_\_

\_\_\_\_\_

Do you know what prompted the person to share this statement? \_\_\_\_\_

\_\_\_\_\_

4. Name of facilitator \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Where was the program facilitated (location)? \_\_\_\_\_

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PLACE  
STAMP  
HERE

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