SPECIAL OLYMPICS LOCAL YOUTH LEADERSHIP SUMMIT

**FINAL REPORT**

*This report must be completed within 30 days of the Local Youth Leadership Summit, and should be submitted to your Program’s youth staff.*

**Special Olympics Program:**

**Name of individual completing report (name and email):**

|  |  |
| --- | --- |
| **School/Community Name** |  |
| **School/Community Location (city)** |  |
| **Summit Date** |  |
| **Actual Number of Attendees** |  |
| **Total Budget (USD)** |  |

**Metrics:** Please complete the metrics table below with the outcomes you achieved as a result of the Local Youth Leadership Summit.

|  |  |
| --- | --- |
| ***Metric*** | ***Actual Number*** |
| Number of Youth with and without ID actively engaged in planning of the Summit |  |
| Number of Youth (with ID) trained at the Summit |  |
| Number of Youth (without ID) trained at the Summit |  |
| Number of Adult mentors trained at the Summit |  |
| Number of Youth indirectly engaged |  |
| Number of new Unified Schools |  |
| Number of new Unified Champion Schools |  |

**NARRATIVE REPORT**

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| **Results summary:** Please provide an overview of the successes of the Local Youth Summit and achievement of project goals. |
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| **Challenges:** Please describe any unexpected setbacks or challenges with leading your Local Youth Leadership Summit. |
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| **Quotes:** Please share 2 quotes from Youth Leaders and 1 quote from an adult mentor/educator. |
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| **Media/Photos and videos:** If there were any local news articles of coverage of the Local Youth Summit please share those links in the space below. If photos or videos were taken during the event, upload the photos to a site such as Dropbox, flickr, Imgur, Vimeo, Google or We Transfer to share. Please provide the link below to the photos/video. |
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**FINANCIAL REPORT**

Please outline your expenses from the National Youth Leadership Summit below (in USD). Program should keep record of all receipts and have them available if requested by Special Olympics International.

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| ***Description*** | ***Total Cost (USD)*** |
| Meeting Space |  |
| Meals |  |
| Participant Travel to Summit |  |
| Staff Travel |  |
| On-site Transportation |  |
| Apparel/Uniforms |  |
| Photography/Videography |  |
| Printing |  |
| First Aid/Nurse |  |
| Shipping Costs (Materials) |  |
| Event Insurance |  |
| Other |  |
| **TOTAL** |  |