



MINI CENTER NARRATIVE

NAME OF CENTER: _____ DATE: _____

LOCATION OF CENTER:

SPACE DONATED: SPACE RENTED: AMOUNT OF RENTAL: _____

DATES FOR THE CENTER OPERATION: _____

LIST OF PARTICIPANTS:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

TRANSPORTATION PLANS:



INSTRUCTORS AND RESOURCE PERSONS:

COMMENTS:

Cc: Mini Center Instructors
District/Regional Supervisor
IL Rehabilitation Program Specialist