



Nutrition and WIC Services
Breastfeeding Peer Counselor Program Quarterly Report

Clinic: _____	Caseload: _____	Quarter: (Check one)				
Today's Date: _____ BFPC Supervisor: _____ BFPC: _____		<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1st Oct- Dec <input type="checkbox"/></td> <td style="padding: 2px;">2nd Jan- March <input type="checkbox"/></td> <td style="padding: 2px;">3rd April- June <input type="checkbox"/></td> <td style="padding: 2px;">4th July- Sept <input type="checkbox"/></td> </tr> </table>	1 st Oct- Dec <input type="checkbox"/>	2 nd Jan- March <input type="checkbox"/>	3 rd April- June <input type="checkbox"/>	4 th July- Sept <input type="checkbox"/>
1 st Oct- Dec <input type="checkbox"/>	2 nd Jan- March <input type="checkbox"/>	3 rd April- June <input type="checkbox"/>	4 th July- Sept <input type="checkbox"/>			

ACTIVITY	NUMBER OF CONTACTS			
	Newly Pregnant	Newly Breastfeeding	Follow Up Pregnant	Follow Up Breastfeeding
Telephone Contacts				
Attempted Contacts				
Home Visits				
Clinic Visits				
Hospital Visits				
Groups or Classes				
Text				
Social Media (Facebook/Twitter)				
Other				
Yields to Breastfeeding Expert				
Totals				

*Contacts made via text or social media are counted as 1 day equals 1 contact.

Activity	Number of Activities/Events	Comments
Training/In-services (List Topics) BFPC Training		
Peer Counselor Meetings		
Peer Counselor Promotional Activities (example: State WIC Conference)		
Other Activities (List) (Example: Mom's Groups/shadowing)		