# 21st CCLC Subgrantee Annual Program

# Evaluation Report

|  |  |
| --- | --- |
| Program Name: |                 |
| Unit Number: |       |
| Cohort Number**[[1]](#footnote-1)**: | <Select Cohort Number> |
| Program Year: | <Select Program Year> |

## Report Sections

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**\*Notes regarding auto-calculation fields:**

* Table cells completely outlined in magenta/formatted with magenta font will auto-calculate based on the data you enter elsewhere.
* It is normal to experience a brief lag-time in the auto-calculation fields as you go along.
* Using the “Tab” key to navigate between fields can help trigger the auto-calculation function if certain formula fields do not appear to be populating.
* The formula used for the auto-calculations has been left in the instructions for your information.

## Number of Students Proposed and Served

1. Complete the following table on students served this past year. Please enter only your After School proposed number of students in Column 1 and only your Summer (if applicable) proposed number of students in Column 4. That is, the numbers you list in Columns 1 and 4 should be the numbers you proposed to serve in your grant application for each component (After School and Summer).

**Center Name:** Enter the name of each Center; one entry per row.

**Grade Levels Served:** Enter the grade level(s) served by each Center.

**Proposed Number (#) to be Served (Column 1):** Enter the total number of students you proposed to serve in the past year (Across All Centers*;* only one entry, in the last row of the table).

**Actual Number (#) Served (Column 2):** Enter the total number of students you served at each center and then add all entries in this column to calculate and enter your total Across All Centers.

**Percent (%) of Proposed who were Served (Column 3):** To calculate this figure, divide the Actual # Served across all centers (last row of Column 2) by the Proposed # to be Served across all centers (Column 1) and enter the percentage obtained in the last row of Column 3.

**If you had a Summer Program (Column 4 and 5):** Enter the Proposed and Actual numbers.

###### Table 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Center Name** | **Grade Levels Served** | **Afterschool** | **Summer** |
| **Column 1:** | **Column 2:** | **Column 3:** | **Column 4:** | **Column 5:** |
| **Proposed # to be Served1** | **Actual****# Served2** | **% of Proposed who were Served** | **Proposed # to be Served1** | **Actual****# Served** |
| **Elem** | **MS** | **HS** |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
|       | [ ]  | [ ]  | [ ]  | 🗶🗶🗶🗶🗶🗶 |       | 🗶🗶🗶🗶🗶🗶 | 🗶🗶🗶🗶🗶🗶 |       |
| **Across All Centers** |  | **0** |  |  | **0** |

1 Proposed # to be Served (Across All Centers): use the total number of students proposed to be served in your original proposal (in CCIP, navigate to your “Funding Application” 🡪“Related Documents”🡪“21st CCLC Basic Program Information”)

2 For the purposes of this report, “Actual # Served” in the Afterschool Program for the academic year should reflect the total of all student names you entered in 21DC with one or more days of attendance.

1. For the Afterschool Program, did you meet the state-desired goal of having served at least 90% of the proposed number of students to be served?

[ ]  Yes

[ ]  No

1. If you answered “No” to Question 2, indicating that the numbers served by your Afterschool Program did not meet the state’s desired goal, please describe the actions you will take to increase your actual number served toward the 90% goal.

## Budget Summary

1. Complete Table 2 on your budget and expenditures for the year.

**Total Grant Award Amount (Row 1):** Enter the total 3-year amount of money awarded to implement your program.

**Total Budget for Past Year (Row 2):** Enter the total amount you budgeted to implement your program.

**Total Program Expenditure for Past Year (Row 3):** Enter the total amount you expended in order to implement your program.

**Total Program Funding Unexpended from Past Year (Row 4):** Total Budget for Past Year (Row 2) minus the Total Program Expenditure for Past Year (Row 3).

**Afterschool Program Expenditure Total for Past Year (Row 5):** Enter the total amount you expended in order to implement your Afterschool Program (do not include Summer Program expenditures in this figure).

**Actual # of Students Served in the Afterschool Program (Row 6):** The number you enter here should be the same number that was auto-calculated in Across All Centers row of Table 1, Column 2.

**Cost per Student Served in the Afterschool Program (Row 7):** Afterschool Program Expenditure Total for Past Year (Row 5) divided by the Actual # of Students Served in the Afterschool Program (Row 6).

###### Table 2

|  |
| --- |
| **Total Program Budget Summary** |
| **Row 1** | **Total Grant Award Amount** |       |
| **Row 2** | **Total Budget for Past Year** |       |
| **Row 3** | **Total Program Expenditure for Past Year** |       |
| **Row 4** | **Total Program Funding Unexpendedfrom Past Year**  | **$0.00**  |
| **Afterschool Program Budget Summary** |
| **Row 5** | **Afterschool Program Expenditure for Past Year** |       |
| **Row 6** | **Actual # of Students Served in the Afterschool Program** |       |
| **Row 7** | **Cost per Student Served in the Afterschool Program**  |  |

1. What percent of your total funding was spent on administrative costs associated with the grant? *(Please round % to a whole number)*

|  |  |
| --- | --- |
|       | **%** |

If higher than 12%, please explain.

## Providing High Quality Core Educational Services and Other Enrichment Activities that Complement the Academic Program

1. Reflecting on the **academic activities** you provided this past year to students **in the Afterschool Program** (e.g., homework assistance, tutoring), please rate your overall level of success in implementing high-quality core educational services/activities in the areas of Math and Language Arts.

**We were...**

[ ]  ...very successful (no challenges or problems experienced with providing high-quality academic activities).

[ ]  ...mostly successful (had a few small challenges or problems along the way in providing high-quality academic activities but resolved them).

[ ]  ...somewhat successful (need to improve/rethink some of our academic activities next year).

1. Reflecting on the **enrichment activities** you provided this past year **in the Afterschool Program** (e.g., career readiness, health or fitness, character education), please rate your overall level of success in implementing high-quality enrichment activities.

**We were...**

[ ]  ...very successful (no challenges or problems experienced with providing high-quality enrichment activities).

[ ]  ...mostly successful (had a few small challenges or problems along the way in providing high-quality enrichment activities but resolved them).

[ ]  ...somewhat successful (need to improve/rethink some of our enrichment activities next year).

1. Will you be making any changes in the upcoming year to your Program Design to improve the quality or effectiveness of any of your After School academic support or enrichment activities?

[ ]  Yes

[ ]  No

If Yes, please explain the improvements you will be making.

1. If you proposed to provide a **Summer Program**, how successful were you in providing a high-quality program in the past year? **We were...**

[ ]  ...very successful (no challenges or problems experienced with providing a summer program).

[ ]  ...mostly successful (had a few small challenges or problems along the way in providing a summer program but resolved them).

[ ]  ...somewhat successful (need to improve/rethink some of our summer program activities next year).

1. For the Afterschool or Summer Programs you implemented this year, were there changes made that were somewhat or significantly different than what was proposed in your original grant application?

[ ]  Yes, our design changed significantly

[ ]  Yes, our design changed somewhat

[ ]  No, our design was implemented as proposed

If Yes, please explain the changes you made.

## Providing Literacy and Other Educational Development Opportunities to Families

Complete Table 3 by describing up to five of the most promising or successful literacy or other educational development opportunities/academic support activities you held in the past year for families in support of students’ development.

**Event/Activity Name:** Enter the name or a brief description of each successful/promising educational development opportunity/academic support activity provided this year to families of participating students. Include up to 5.

**Category:** Place a checkmark in the appropriate box to indicate the type of activity (literacy support or other educational development support).

**Number (#) Attendees:** Enter the number of people who attended the literacy or other educational development opportunity. If you have multiple events of the same name/type, enter the total number who attended across the dates provided.

**Perceived Success:** Place a checkmark in the appropriate box to indicate your rating of the perceived success of the event/activity. One checkmark per row. Use the following scale—Event/activity was...

1. VS = Very Successful (no challenges or problems experienced with this activity)
2. MS = Mostly Successful (had a few small challenges or problems along the way but resolved them)
3. SS = Somewhat Successful (need to improve/rethink this activity next year)

**Activity Outcome(s):** Describe what participants seemed to gain from the literacy or educational development opportunity.

**Table 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event/Activity Name** | **Category** | **# Attendees** | **Perceived Success** | **Activity Outcome(s)** |
|       | [ ]  Literacy [ ]  Other |       | [ ]  VS [ ]  MS [ ]  SS |       |
|       | [ ]  Literacy [ ]  Other |       | [ ]  VS [ ]  MS [ ]  SS |       |
|       | [ ]  Literacy [ ]  Other |       | [ ]  VS [ ]  MS [ ]  SS |       |
|       | [ ]  Literacy [ ]  Other |       | [ ]  VS [ ]  MS [ ]  SS |       |
|       | [ ]  Literacy [ ]  Other |       | [ ]  VS [ ]  MS [ ]  SS |       |

1. Will you be making any improvements to the activities provided in support of parents/families next year?

[ ]  Yes

[ ]  No

If Yes, please explain the improvements you will be making.

## Program Administration and Collaboration/Partnerships

1. Complete Table 4 to indicate your perceived level of success in implementing each Program administration/collaboration component listed.

**Perceived Success:** Checkthe appropriate box to rate your success with each Program Administration Component listed over the past year. One checkmark per row. Use the following scale

1. VS = Very Successful (no challenges or problems experienced with this component)
2. MS = Mostly Successful (had a few small challenges or problems along the way but resolved them)
3. SS = Somewhat Successful (need to improve/rethink this component next year)

**Notes/Comments:** Enter any notes or comments to justify your perceived rating of success.

###### Table 4

|  |  |  |
| --- | --- | --- |
| **Program Administration Component** | **Perceived Success** | **Notes/Comments** |
| **Community Outreach** | [ ]  VS [ ]  MS [ ]  SS |       |
| **Staffing**  | [ ]  VS [ ]  MS [ ]  SS |       |
| **Professional Development for Staff and Volunteers** | [ ]  VS [ ]  MS [ ]  SS |       |
| **Student Transportation (if N/A, leave blank)** | [ ]  VS [ ]  MS [ ]  SS |       |
| **Obtaining Key Resources (facilities, technology, etc.)** | [ ]  VS [ ]  MS [ ]  SS |       |
| **Establishing Collaborations/Partnerships** | [ ]  VS [ ]  MS [ ]  SS |       |
| **Establishing regular, working relationship with LEA or schools** | [ ]  VS [ ]  MS [ ]  SS |       |

## Student Attendance in the Afterschool Program

1. Complete Table 5 on your program’s student attendance for the past year (Afterschool Program only).

###### Table 5

**Center Name:** Enter the name of each Center; one entry per row.

**Total Available Days of Operation (Column 1):** Enter the total available days of operation offered at each Center.

**Number (#) of Students with High/Moderate/Low Attendance:** Summarize the attendance data you entered into 21DC by providing the number of students falling into each of the categories as defined in the High, Moderate, and Low columns at each Center and then add all entries in each column and enter your total Across All Centers.

1. High Attendance ≥ 60 Days **(Column 2)**—Regular Attendees; those attending 60 or more days
2. Moderate Attendance < 60 and ≥ 30 Days **(Column 3)**—Regular Attendees; those attending between 30 and 60 days
3. Low Attendance < 30 Days **(Column 4)**—Non-Regular Attendees; those who attended less than the federal threshold of 30 days

**Total Number (#) of Students who were “Regular” Attendees (Column 5):** Enter the total number of students who were classified as Regular Attendees (attending 30 or more days of programming)—Column 2 + Column 3.

**Total Number (#) of Students Served (Column 6):** Enter the total number of students you served in the past year—Column 2 + Column 3 + Column 4 (“Across All Centers” Total for this column should match the number you entered in Table 1, Column 2, Across All Centers).

**Percent (%) of Total # of Students who Were Regular Attendees (Column 7):** Enter the percentage of regular attendees out of your total number of students served at each center and Across All Centers. Use the following formula.

|  |  |  |
| --- | --- | --- |
| **% of Total # of Students who were “Regular” Attendees**  | **=** | **Total # of Students who were “Regular” Attendees** (Column 5) |
| **Total # of Students Served** (Column 6) |

**Average # of Days Attended (Column 8):** Enter the average number of days students attended by Center and Across All Centers as reflected by your data in 21DC.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Center Name**  | **Column 1:** | **Column 2:** | **Column 3:** | **Column 4:** | **Column 5:** | **Column 6:** | **Column 7:** | **Column 8:** |
|  | **Total Available Days of Operation** | # of Students with **High** Attendance**≥ 60 Days** | # of Students with **Moderate** Attendance**< 60 and ≥ 30 Days** | # of Studentswith **Low** Attendance**< 30 Days** | **Total # of Students who were “Regular” Attendees***(Column 2 + Column 3)* | **Total # of Students Served***(Column 2 + Column 3 + Column 4)* | **% of Total # of Students who were “Regular” Attendees** | **Average # of Days Attended** |
|  |  | *(Regular Attendees)* | *(Non-Regular Attendees)* |  |  |  |  |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
|       |       |       |       |       | **0** | **0** |  |       |
| **Across All Centers1** | **0** | **0** | **0** | **0** | **0** |  |  |

1. Did any of your centers have an average student attendance of less than 30 days in the Afterschool Program, as shown in the far-right column?

[ ]  Yes

[ ]  No

If Yes, please list the center name(s) and explain the reason for low attendance

## Collecting Classroom Teacher Surveys to Monitor Student Improvement

Subgrantees are required to use performance measures to monitor student academic progress at the end of the year. One performance measure required by NCDPI is classroom Teacher Surveys of “regular” attendees’ improvement in the classroom over the year. That is, NCDPI requires that grantees collect Teacher Surveys from classroom teachers on “regular” attendees at the end of the school year.

1. Describe your Teacher Survey distribution and collection process this past year.

1. Complete Table 6 regarding your 21st CCLC Teacher Survey distribution and return numbers.

**Center Name:** Enter the name of each Center.

**Number (#) of Teachers to Whom Teacher Surveys Were Distributed (Column 1):** For each Center, enter the number of teachers to whom you sent a 21st CCLC Teacher Survey (i.e., the regular school day teachers of your “regular” attendees). Then add all entries in this column for the total in the Across All Centers row.

**Number (#) of Teachers who Completed/Returned the Survey (Column 2):** For each Center, enter the number of teachers who returned the survey. Then add all entries in this column to calculate and enter your total in the Across All Centers row.

**Percent (%) of Teachers Who Completed/ Returned the Survey (Column 3):** Enter the percent of teachers who returned Teacher Surveys out of your total number of teachers to whom Teacher Surveys were distributed (for each center and Across All Centers). Use the following formula.

|  |  |  |
| --- | --- | --- |
| **% of Teachers with Surveys Returned** | **=** | **# of Teachers Who Completed/Returned Survey(s)** (Column 2) |
| **# of Teachers to Whom Teacher Surveys Were Distributed** (Column 1) |

**Number (#) of “Regular” Attendees with Teacher Surveys Completed/Returned (Column 4):** For each Center, enter the number of Regular Attendees (students who attended 30 or more days of programming) for whom you received completed Teacher Surveys. Then add all entries in this column to enter your total Across All Centers.

**Percent (%) of “Regular” Attendees with Teacher Surveys Completed/Returned (Column 5):** For each Center, enter the percent of Regular Attendees for whom a regular-school-day teacher completed a Teacher Survey. Use the following formula.

|  |  |  |
| --- | --- | --- |
| **% of “Regular” Attendees with Completed Surveys** | **=** | **# of “Regular” Attendees with Teacher Surveys Returned/Completed** (Column 4) |
| **Total # of Students who were “Regular” Attendees** (Table 5, Column 5) |

Table 6

| **Center Name**  | **Column 1:** | **Column 2:**  | **Column 3:** | **Column 4:** | **Column 5:** |
| --- | --- | --- | --- | --- | --- |
| **# of Teachers to Whom Teacher Surveys Were Distributed** | **# of Teachers Who Completed/ Returned the Survey** | **% of Teachers Who Completed/ Returned the Survey** | ***#* of “Regular” Attendees with Teacher Surveys Completed/ Returned** | **% of “Regular” Attendees with Teacher Surveys Completed/ Returned** |
|       |       |       |  |       |  |
|       |       |       |  |       |  |
|       |       |       |  |       |  |
|       |       |       |  |       |  |
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|       |       |       |  |       |  |
|       |       |       |  |       |  |
| **Across All Centers** | **0** | **0** |  | **0** |        % |

1. Do you have any comments or questions on your Teacher Survey distribution process and return rate and how it might be improved next year?

**Please provide the contact information of the individual completing this report and date of completion.**

|  |  |
| --- | --- |
| **Name:** |       |
| **Title:** |       |
| **Email:**  |       |
| **Date:**  |       |

1. If you had more than one 21st CCLC grant for the program year you are reporting on, complete a separate *21st CCLC Subgrantee Annual Program Evaluation Report* for each one. [↑](#footnote-ref-1)