

**End-of-Year Reporting Survey for Cohort ESSER II Out-of-School Time (E2 OST)**

Nita M. Lowey 21st Century Community Learning Centers Grant Program

[www.cde.state.co.us/21stcclc](http://www.cde.state.co.us/21stcclc)

Submission Process

The End-of-Year Reporting Survey for the 21st Century Community Learning Centers (21st CCLC) grant program will take place online in Qualtrics. A link andlogin information for the survey will be sent to program directors when the system is open. The purpose of this document is to help you fill out the survey online. The results of the survey will help inform management of the 21st CCLC grant program and highlight program successes.

**Special notes:**

* The reporting period is July 1 through June 30 each program year. Please report only on activities provided during this time period. The survey is due July 15 every year.
* Each Qualtrics survey is customized and pre-populates contact information and other information specific to each subgrantee. Please verify that the information pre-populated for your grant is correct and specific to your program/centers. Please contact Anna Young (Young\_A@cde.state.co.us) with any concerns.
* Information reported to CDE in relation to grant activities is not confidential and is subject to public request. Subgrantees should ensure reported information does not contain Personally Identifiable Information (PII) or confidential information.
* Additional questions on the End-of-Year Reporting Survey can be directed to your E2 OST Lead Consultant at CDE: Shannon Allen (Allen\_S@cde.state.co.us).

21st CCLC Cohort E2 OST SUBGrantee Information

**Please note if there are any changes to the information below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subgrantee Name:** | *(PRE-POPULATED)* | **Program Name:** | *(PRE-POPULATED)* |
| **Name of Center(s):** | *(PRE-POPULATED)* |
| **Program Contact:** | *(PRE-POPULATED)* |
| **Telephone:** | *(PRE-POPULATED)* | **E-mail:** | *(PRE-POPULATED)* |
| **Fiscal Contact:** | *(PRE-POPULATED)* |
| **Telephone:** | *(PRE-POPULATED)* | **E-mail:** | *(PRE-POPULATED)* |

Program DESCRIPTION

**Q1.** **Current program description:** *[pre-populated]*

Please provide an updated program description if any changes need to be made to the current program description. This information will be posted on the CDE 21st CCLC webpage.

Students Served

**Q2. Unduplicated Student Participation:** Students attending 21st CCLC programming at least once during the reporting period.

1. Your participation target for Unduplicated Students: *[pre-populated]*
2. The actual number of Unduplicated Students served in your program this year:
3. Please provide an explanation for your progress meeting this student participation target.

**Q3. Regular Student Attendee Participation:** Students attending 21st CCLC programming for at least 75 hours during the reporting period.

1. Your participation target for Regular Students: *[pre-populated]*
2. The actual number of Regular Students served in your program this year:
3. Please provide an explanation for your progress meeting this student participation target.

**Q4. Student Average Daily Attendance:** Number of students attending a 21st CCLC program on average on a daily basis during the reporting period.

1. Your participation target for Average Daily Attendance: *[pre-populated]*
2. The actual Average Daily Attendance in your program this year:
3. Please provide an explanation for your progress meeting this student participation target.

TEACHER SURVEYS

**Q5.** **Teacher surveys:** The compliance expectation is 100% distribution and return rates for teacher surveys for students in grades 1-12 who attended at least 75 hours of programming during the school year.

1. What percentage of student participants have a completed teacher survey?
2. If the 100% expectation was not met, please explain why.

Family Members Served

**Q6.** **Family Member Participation:** Family members attending 21st CCLC programming at least once during the reporting period.

1. Your participation target for Unduplicated Family Members: *[prepopulated]*
2. The actual number of Unduplicated Family Members served in your program this year:
3. Please provide an explanation for your progress meeting this student participation target.

**Q7. Family-School Partnerships:**

1. Using the rating scale below, please select the answer that best describes the level of activity in each area at the centers served by this grant from July 1 through June 30. While this is a self-assessment of family-school partnership practices, CDE uses this information to guide trainings and technical assistance for subgrantees throughout the grant year. Use the following scale when rating each component: 1= not occurring, 2=rarely occurs, 3= occasionally occurs, 4=frequently occurs.

|  |  |
| --- | --- |
|  | **Level of Activity** |
| 1. **Welcoming all families into the school community**. Families are active participants in the life of the centers, and feel welcomed, valued, and connected to each other, to school staff, and to what students are learning and doing.
 | [ ]  1= Not occurring[ ]  2= Rarely occurs[ ]  3= Occasionally occurs[ ]  4= Frequently occurs |
| 1. **Effective communication**. Families and staff engage in regular, two-way, meaningful communication about students.
 | [ ]  1= Not occurring[ ]  2= Rarely occurs[ ]  3= Occasionally occurs[ ]  4= Frequently occurs |
| 1. **Supporting student success**. Families and staff continuously collaborate to support students’ learning and healthy development both at home and at the centers and have regular opportunities to strengthen their knowledge and skills to do so effectively.
 | [ ]  1= Not occurring[ ]  2= Rarely occurs[ ]  3= Occasionally occurs[ ]  4= Frequently occurs |
| 1. **Speaking up for every child**. Families are empowered to be advocates for their own and other children, to ensure that students are treated fairly and have access to learning opportunities that will support their success.
 | [ ]  1= Not occurring[ ]  2= Rarely occurs[ ]  3= Occasionally occurs[ ]  4= Frequently occurs |
| 1. **Sharing power**. Families and staff are equal partners in decisions that affect children and families and together inform, influence, and create policies, practices, and programs.
 | [ ]  1= Not occurring[ ]  2= Rarely occurs[ ]  3= Occasionally occurs[ ]  4= Frequently occurs |
| 1. **Collaborating with community**. Families and school staff collaborate with community members to connect students, families, and staff to expanded learning opportunities, community services, and civic participation.
 | [ ]  1= Not occurring[ ]  2= Rarely occurs[ ]  3= Occasionally occurs[ ]  4= Frequently occurs |

*\*For more information about these components of Family-School partnerships, please visit:* *<https://www.cde.state.co.us/fedprograms/ti/parents>*

1. Please provide an explanation for why the above responses were selected. If any responses were rated as “1” (not occurring) or “2” (rarely occurs), please describe proposed steps to improve in these areas.

21st CCLC Successes & CHALLENGES

**Q8. Please share success stories from your grant program.**

Do not use the student’s or family’s real name or identifiable information. The success should be related to the services directly provided through your 21st CCLC grant. These success stories will be shared externally on the 21st CCLC webpages and in other program materials.

* 1. Provide one paragraph about a student who experienced success in academics or enrichment programming.
	2. Provide one paragraph about a parent/family who experienced success through meaningful family education and engagement activities.
	3. Provide one paragraph about a meaningful collaboration or partnership related to your 21st CCLC program leading to successful outcomes for 21st CCLC students and their families.

**Q9. Program implementation challenges and subsequent impact:** Describe any challenges at the school, center, district, or organizational level that you have encountered this year, and strategies that you have used or plan to use to overcome them.

Technical Assistance

**Q10. Supports:** What state technical assistance, professional development (including training topics), or other state activities has been most helpful to better serve you and your 21st CCLC program?

**Q11. Professional Development:** Please list and describe professional development and training topics that would be of benefit in implementing your grant.

State Performance Measures

**Q12. Core Academic Performance Measure**

1. Below is the current, approved **Core** **Academic** Performance Measure submitted by the 21st CCLC Subgrantee. Report progress on the Core Academic PM:*[PRE-POPULATED]*

*Check the response that best describes progress at the end of the rating period (June 30). If you went above and beyond your performance measure, then select ‘exceeded your performance measure’. If you have completely (100%) met performance measure, then select ‘met performance measure’, if you have partially met your performance measure, then select ‘making progress’. If you have made minimal gains on your performance measure, then select ‘not making progress’.*

[ ]  Exceeded performance measure

[ ]  Met performance measure

[ ]  Making progress

[ ]  Not making progress

[ ]  Data Not Available

***(If data not available)*** Please provide a detailed explanation of 1) why the data is not available, 2) when the data will be available, 3) the progress being made toward this measure, and 4) steps that will be taken to meet or exceed this measure in the future.

***(If not making progress or making progress is selected)*** Please provide an explanation for why the program was unable to make progress on or meet this performance measure and steps that will be taken to meet or exceed this measure in the future.

***(If met or exceeded is selected)*** Please share best practices that contributed to meeting or exceeding this measure this year and recommendations for other programs.

1. Required Data Validation:
	1. Indicator(s) used to assess this performance measure:
	2. Number of students assessed for this performance measure this year:
	3. Number of students who met or improved specifically set criteria this year:

**Q13. School Attendance Performance Measure**

1. Below is the current, approved **School** **Attendance** Performance Measure submitted by the 21st CCLC Subgrantee. Report progress on the School Attendance PM:*[PRE-POPULATED]*

*Check the response that best describes progress at the end of the rating period (June 30). If you went above and beyond your performance measure, then select ‘exceeded your performance measure’. If you have completely (100%) met performance measure, then select ‘met performance measure’, if you have partially met your performance measure, then select ‘making progress’. If you have made minimal gains on your performance measure, then select ‘not making progress’.*

[ ]  Exceeded performance measure

[ ]  Met performance measure

[ ]  Making progress

[ ]  Not making progress

[ ]  Data Not Available

***(If data not available)*** Please provide a detailed explanation of 1) why the data is not available, 2) when the data will be available, 3) the progress being made toward this measure, and 4) steps that will be taken to meet or exceed this measure in the future.

***(If not making progress or making progress is selected)*** Please provide an explanation for why the program was unable to make progress on or meet this performance measure and steps that will be taken to meet or exceed this measure in the future.

***(If met or exceeded is selected)*** Please share best practices that contributed to meeting or exceeding this measure this year and recommendations for other programs,

1. Required Data Validation:
	1. Indicator(s) used to assess this performance measure:
	2. Number of students assessed for this performance measure this year:
	3. Number of students who met or improved specifically set criteria this year:

**Q14. Essential Skills Performance Measure**

1. Below is the current, approved **Essential Skills** Performance Measure submitted by the 21st CCLC Subgrantee. Report progress on the Essential Skills PM:*[PRE-POPULATED]*

*Check the response that best describes progress at the end of the rating period (June 30). If you went above and beyond your performance measure, then select ‘exceeded your performance measure’. If you have completely (100%) met performance measure, then select ‘met performance measure’, if you have partially met your performance measure, then select ‘making progress’. If you have made minimal gains on your performance measure, then select ‘not making progress’.*

[ ]  Exceeded performance measure

[ ]  Met performance measure

[ ]  Making progress

[ ]  Not making progress

[ ]  Data Not Available

***(If data not available)*** Please provide a detailed explanation of 1) why the data is not available, 2) when the data will be available, 3) the progress being made toward this measure, and 4) steps that will be taken to meet or exceed this measure in the future.

***(If not making progress or making progress is selected)*** Please provide an explanation for why the program was unable to make progress on or meet this performance measure and steps that will be taken to meet or exceed this measure in the future.

***(If met or exceeded is selected)*** Please share best practices that contributed to meeting or exceeding this measure this year and recommendations for other programs.

1. Required Data Validation:
	1. Indicator(s) used to assess this performance measure:
	2. Number of students assessed for this performance measure this year:
	3. Number of students who met or improved specifically set criteria this year:

**Q15. Family Engagement Performance Measure**

1. Below is the current, approved **Family Engagement** Performance Measure submitted by the 21st CCLC Subgrantee. Report progress on the Family Engagement PM:[*PRE-POPULATED]*

*Check the response that best describes progress at the end of the rating period (June 30). If you went above and beyond your performance measure, then select ‘exceeded your performance measure’. If you have completely (100%) met performance measure, then select ‘met performance measure’, if you have partially met your performance measure, then select ‘making progress’. If you have made minimal gains on your performance measure, then select ‘not making progress’.*

[ ]  Exceeded performance measure

[ ]  Met performance measure

[ ]  Making progress

[ ]  Not making progress

[ ]  Data Not Available

***(If data not available)*** Please provide a detailed explanation of 1) why the data is not available, 2) when the data will be available, 3) the progress being made toward this measure, and 4) steps that will be taken to meet or exceed this measure in the future.

***(If not making progress or making progress is selected)*** Please provide an explanation for why the program was unable to make progress on or meet this performance measure and steps that will be taken to meet or exceed this measure in the future.

***(If met or exceeded is selected)*** Please share best practices that contributed to meeting or exceeding this measure this year and recommendations for other programs.

1. Required Data Validation:
	1. Indicator(s) used to assess this performance measure:
	2. Number of students assessed for this performance measure this year:
	3. Number of students who met or improved specifically set criteria this year:

Quality Implementation Rubric

**Q16. Based on your 21st CCLC program this year, complete the Quality Implementation Rubric and up to three Action Tools for areas in need of improvement in your program.**

1. Describe program strengths based on your Quality Implementation Rubric results.
2. Describe the Action Tool area(s) in need of improvement (if applicable).

SUSTAINABILTY PLAN

**Q17. All subgrantees are required to submit a Sustainability Plan at the end of their second year in the grant period. Complete the Sustainability Plan template and copy your responses here.**

EVALUATION SUMMARY

**Q18. All subgrantees are required to submit an Evaluation Summary as part of their EOY survey each year. Complete the Evaluation Summary template and upload the document.**

21st CCLC E2 OST Subgrantee Signatures

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **21st CCLC E2 OST Program Director Signature, Date** |  | **21st CCLC Primary Fiscal Contact Signature, Date** |