**Extended School Services**

# Daytime Waiver Program Evaluation

**PLEASE TYPE ANSWERS IN shaded AREAS**

|  |  |
| --- | --- |
| **Collection Date:** |  |
| **District Name:** |  |
| **District ESS Coordinator’s Name:** |  |
| **School Name:** |  |
| **School ESS Coordinator’s Name:** |  |
| **Total # of students who received services in this program:** |  |
| **Number of staff employed using daytime ESS funds:** | \_\_\_ Certified \_\_\_ Classified \_\_\_ Peer Tutor \_\_\_ Volunteer |
| **Collaborative Partners: (People/Organizations with whom you collaborate for ESS funds and resources) (*select all that apply*):** | |
| **21st Century**  **FRSYSC**  **GEAR UP**  **Private Grant**  **Reading First**  **AmeriCorps**  **Title I**  **Retired Teacher Organization**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Targeted Content Areas of daytime program (*select all that apply*):** | |
| **Math** **Reading/ Language Arts**  **Social Studies**  **Science**  **Writing**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Program Delivery Model:** Under what circumstances, or in what format, were daytime ESS serviced delivered? | |
| After Classroom Instruction  Collaborative (during class)  During enrichment/elective course  During Intervention Class/Time  During independent practice time  Credit Recovery Course/Class | |
| **Out of School Time (OST) Program school will offer IN ADDITION to daytime program (*select all that apply*):** | |
| Before School  Intercession  Saturday School  After School  Summer School  Night School | |
| **Brief description of program:** (this area will expand as you type) From your description, it should be clear how students were selected for participation, how and how often their progress was measured, and how students were able to exit the ESS Daytime program. You should also include information on who delivered services and how often those services were delivered. | |
|  | |

**Program Results**

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| --- | --- | --- |
| **Number of students who improved as a result of services:** | | \_\_\_\_\_ Improved |
| **Number of students who did not improve in level of achievement as a result of services:** | | \_\_\_ Did not Improve (Sustained) +  \_\_\_ Performance Declined |
| **Number of student who were able to graduate from high school as a result of ESS intervention services:** | | \_\_\_\_ Students |
| **Number of students who were able to move on to the next grade level (were not retained) as a result of ESS intervention services:** | | \_\_\_\_ Students |
| **If there are students who did not improve (from the box above), provide a brief plan for reaching those students to ensure improvement and/or an explanation of why the students failed to improve (i.e. student moved during program, student attendance was a factor, etc.):** (this area will expand as you type) | | |
|  | | |
| **Does your school wish to implement this program again next school year?** (Select One) | Yes No | |
| **Brief description of any planned changes to program for next year of implementation (or a brief explanation of why the program is being discontinued):** (this area will expand as you type) | | |
|  | | |

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Signature District ESS Coordinator’s (Date)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature School contact (Date)

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Signature School Principal (Date)

**Note: electronic signatures are acceptable**