



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EXTENDED LEARNING
AFTERSCHOOL PROGRAM



Mid-Year Report

Please complete the following information within the space provided. One form must be completed for **EACH** grant, please feel free to copy form as needed. **Forms not completed according to directions will be returned for revision.** Completed forms are due no later than January 31. Please mail, email or fax completed forms. NOTE: REPORTING PERIOD IS **ONLY** FOR JULY 1-DECEMBER 30.

Grant Type <input type="checkbox"/> 21 st CCLC <input type="checkbox"/> SAC		Cohort <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		Grant Year <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Grantee Name (district/agency)		County Name		Grant Amount Awarded this school year \$_____. Do you expect to fully expend grant amount awarded before June 30? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Program Contact Name		Primary Contact Email		Primary Contact Phone	
				Primary Contact Fax	

Program Enrollment, Staff and Attendance Information

Program is in operation during (check <u>all</u> that apply)	Average Daily Attendance (ADA) for each item checked to the left as of this mid-year report (non-duplicative)	Total Number Enrolled	State the proposed ADA <u>per</u> your previous/renewal application _____.
<input type="checkbox"/> Before school ONLY	_____	_____	If there is any difference in the proposed ADA # (stated above) and the total ADA # (stated to the left), please explain why these #'s are not the same:
<input type="checkbox"/> After school ONLY	_____	_____	
<input type="checkbox"/> BOTH Before AND After school	_____	_____	
<input type="checkbox"/> Summer (prior to school year)	_____	_____	
<input type="checkbox"/> Evening:	_____	_____	
<input type="checkbox"/> Holidays:	_____	_____	
<input type="checkbox"/> Weekends:	_____	_____	
<input type="checkbox"/> Other, describe:	Total _____	Total _____	

Student population served (check all that apply **and** provide the grade levels being served by this grant)
 Elementary School (grade levels: _____) Middle School (grade levels: _____) High School (grade levels: _____)
 Total # of adult family members served (**CCLC only**) _____ Note: SAC can only serve up to age 13.

of *regular* program staff that provide direct instruction/teachers: _____ How many of above # are also regular *school day* teachers: _____
 Staff/child ratio: _____

Does program staff communicate with regular school day staff on meeting students' needs? Yes No
 If yes, describe method of communication and frequency: If no, please briefly explain why.

Program Operation Information

Is this site licensed? Yes No. If yes, date license issued: ____/____/____ and expiration date: ____/____/____ License Number: _____
 If no, please explain what progress your program has made in the licensure process (**note**: required for all SAC; CCLC must have already checked with DHSS Section of Child Care for possible licensing requirements).

Is this site accredited? Yes No. If yes, date accreditation issued: ____/____/____ and expiration date: ____/____/____

Date site opened this grant year: (____/____/2011) **Must be on or after July 1, 2011**
 Date site will conclude this grant year: (____/____/2012) **Must be on or before June 30, 2012**
 Did this site offer summer activities (July – August, 2011)? If yes, beginning date: _____; ending date: _____
 Will site offer summer activities (May - June 30, 2012)? If yes, beginning date: _____; ending date: _____

Total # of hours this program operates each (*typical*) week _____. Total # of days this program operates each (*typical*) week _____.

Have any changes occurred during this mid-year for the following (**must check yes or no for each of the following**):

- Yes No Goals and objectives
- Yes No Target audience (sites served, grade levels served, and/or any applicable feeder schools participation)
- Yes No Program location
- Yes No Key staff
- Yes No Overall scope of program (need, design, activities, etc.)

If you answered yes to any of the above, you must have received prior DESE approval. Please attach an explanation to this report fully explaining the purpose of the change and how the change has impacted the program thus far.

If more space is needed, attach additional page for any narratives below.

Describe program services offered to adult family members of participating students to meet your required adult component. (CCLC Only)
Describe your Advisory Council with the frequency and primary focus/purpose of meetings convened.
How has your program addressed the community's needs as listed in the needs assessment/need for program description found on your original IFB?
What challenges has your program faced as of this mid-year? How does your program plan to overcome these challenges?
Describe a particular family involvement activity offered as of this mid-year. (i.e. Lights On, Family Fun Night, etc.)
Describe how you have linked the Afterschool program with the regular school day as of this mid-year (CCLC only) :
Describe how you disseminated information about your program (not just enrollment/openings) to the community as of this mid-year?
Program highlight - describe how the afterschool program directly benefitted a child, parent, community, or school through a particular event or activity.
Describe how you have used the results of last year's program evaluation (CCLC) or self-assessment (SAC) within your program, school, community, businesses, legislators, etc. and how have the results benefitted your program.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 60%;">Authorized Signature</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 20%;">Title</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 20%;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Signature of Contact Person</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Title</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> </table>	Authorized Signature	Title	Date	Signature of Contact Person	Title	Date	<p>PLEASE COMPLETE AND RETURN TO:</p> <p>Afterschool Program Extended Learning Department of Elementary and Secondary Education P.O. Box 480 Jefferson City, Missouri 65102-0480 Phone: 573-522-2627 Fax: (573) 522-3726</p>
Authorized Signature	Title	Date					
Signature of Contact Person	Title	Date					