

Extended School Services Daytime Waiver Program Evaluation

PLEASE TYPE ANSWERS IN GRAY AREAS

Collection Date:	
District Name:	Anderson County
District Code (Number):	011
District ESS Coordinator's Name:	Sharon Jackman
School Name:	
School Code (Number):	
School ESS Coordinator's Name:	
Total # of students who received services in this program:	
Number of staff employed using <u>daytime</u> ESS funds:	<input type="text"/> Certified <input type="text"/> Classified <input type="text"/> Peer Tutor <input type="text"/> Volunteer
Collaborative Partners: (People/Organizations with whom you collaborate for ESS funds and resources) (select all that apply):	
<input type="checkbox"/> 21 st Century <input type="checkbox"/> FRSYSC <input type="checkbox"/> GEAR UP <input type="checkbox"/> Private Grant <input type="checkbox"/> Reading First <input type="checkbox"/> AmeriCorps <input type="checkbox"/> KCSVO <input type="checkbox"/> Title I <input type="checkbox"/> Retired Teacher Organization <input type="checkbox"/> Other: _____	
Targeted Content Areas of daytime program (select all that apply):	
<input type="checkbox"/> Math <input type="checkbox"/> Reading/ Language Arts <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Writing <input type="checkbox"/> Other: _____	
Program Delivery Model: Under what circumstances, or in what format, were daytime ESS serviced delivered?	
<input type="checkbox"/> After Classroom Instruction <input type="checkbox"/> Collaborative (during class) <input type="checkbox"/> During enrichment/elective course <input type="checkbox"/> During Intervention Class/Time <input type="checkbox"/> During independent practice time <input type="checkbox"/> Credit Recovery Course/Class	
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

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 as a result of ESS intervention services:	_____ Students
Number of student 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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	

_____ Signature District ESS Coordinator's	_____ (Date)
_____ Signature School contact	_____ (Date)
_____ Signature School Principal	_____ (Date)

Note: electronic signatures are acceptable