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| Title IV, Part A 21-22 Program Evaluation FINAL Evaluation Summary Report | | | |
| **Today’s Date** |  | **Award Amount:** |  |
| **LEA/District** |  | **Superintendent:** |  |
| **Title IV, Part A District Coordinator**  **Name/Contact Information** | Name:  Email:  Phone: | | |
| **Title IV, Part A District Finance**  **Name/ Contact Information** | Name:  Email:  Phone: | | |

***District Evaluation Review Committee***

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| Name | Title | Signature |
| Name | Title | Signature |
| Name | Title | Signature |
| Name | Title | Signature |
| Name | Title | Signature |

***For each goal/activity in the approved RFA, the evaluation summary below. Five are provided for you. Copy and paste additional table templates if necessary***

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| **Restate** the activity and goals/objectives/intended outcome(s) as annotated in approved RFA.   * **Check if this activity was for Equitable Services.** | | | | | | **Goal Category (if blended, check all that apply)**   * **Well Rounded Education** * **Safe and Health Students** * **Technology in the Classroom** | | |
| **Amount Budgeted for this Activity:** | |  | | | **Amount Expended:** | |  | |
| **Number of Stakeholders served in this activity:** | | | | | | | | |
| **Students:** |  | | **Teachers:** |  | | **School Staff:** | |  |
| **Family Members:** |  | | **Community:** |  | | **District/School Administrator** | |  |
| **Evidence used to support evaluation:** | | | * Sign – in sheet / Agenda * Pre / post assessment / survey * Lesson Plan * Data Reports *(Name Source*): * Purchase Order / Receipt | | | * Walkthrough Notes from admin * Student Artifacts * FSA/EOC Data * Graduation Rate * Other: *(Describe)* | | |
| **Evaluate/describe** the extent to which the goals/objectives/intended outcomes were achieved and the effectiveness of achievement | | | Type narrative response in this box. | | | | | |
| **Continuous Improvement:** If this activity is implemented in the succeeding year(s), what support or changes would be needed to improve the outcome of the activity? | | |  | | | | | |
| **Final Activity Evaluation:** Based on the evidence, how successful was this activity in meeting the goals of Title IV, Part A. | | | * Unsuccessful. *Outcome did not meet the goal.* * Partial Success: *Some progress toward the goal was made, but did not meet the goal.* * Successful: *Outcome substantially met or exceeded the goal.* | | | | | |

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| **Number of Stakeholders served in this activity:** | | | | | | | | |
| **Students:** |  | | **Teachers:** |  | | **School Staff:** | |  |
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| **Evaluate/describe** the extent to which the goals/objectives/intended outcomes were achieved and the effectiveness of achievement | | | Type narrative response in this box. | | | | | |
| **Continuous Improvement:** If this activity is implemented in the succeeding year(s), what support or changes would be needed to improve the outcome of the activity? | | |  | | | | | |
| **Final Activity Evaluation:** Based on the evidence, how successful was this activity in meeting the goals of Title IV, Part A. | | | * Unsuccessful. *Outcome did not meet the goal.* * Partial Success: *Some progress toward the goal was made, but did not meet the goal.* * Successful: *Outcome substantially met or exceeded the goal.* | | | | | |

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| **Number of Stakeholders served in this activity:** | | | | | | | | |
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| **Continuous Improvement:** If this activity is implemented in the succeeding year(s), what support or changes would be needed to improve the outcome of the activity? | | |  | | | | | |
| **Final Activity Evaluation:** Based on the evidence, how successful was this activity in meeting the goals of Title IV, Part A. | | | * Unsuccessful. *Outcome did not meet the goal.* * Partial Success: *Some progress toward the goal was made, but did not meet the goal.* * Successful: *Outcome substantially met or exceeded the goal.* | | | | | |

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| **Continuous Improvement:** If this activity is implemented in the succeeding year(s), what support or changes would be needed to improve the outcome of the activity? | | |  | | | | | |
| **Final Activity Evaluation:** Based on the evidence, how successful was this activity in meeting the goals of Title IV, Part A. | | | * Unsuccessful. *Outcome did not meet the goal.* * Partial Success: *Some progress toward the goal was made, but did not meet the goal.* * Successful: *Outcome substantially met or exceeded the goal.* | | | | | |

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| **Continuous Improvement:** If this activity is implemented in the succeeding year(s), what support or changes would be needed to improve the outcome of the activity? | | |  | | | | | |
| **Final Activity Evaluation:** Based on the evidence, how successful was this activity in meeting the goals of Title IV, Part A. | | | * Unsuccessful. *Outcome did not meet the goal.* * Partial Success: *Some progress toward the goal was made, but did not meet the goal.* * Successful: *Outcome substantially met or exceeded the goal.* | | | | | |