

Extended School Day/School Violence Prevention (ESD/SVP) Grant

2006-2007 Final Program Report

District or BOCES Code

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(12 Digit School District Code)

Project Number

0 6 4 0

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School District or Community Based Organization	
Contact Person	Telephone Number
Date	Signature of Chief School Officer or Executive Director
<hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;">(Type name and title of Chief School Officer or Executive Director)</p>	

One original and one copy should be submitted by **September 30, 2007** to:

New York State Education Department
Student Support Services Team
Room 318M-EB
Albany, NY 12234

**Directions for Completing a Final Program Report for Extended School Day/School
Violence Prevention (ESD/SVP)**

The Final Program Report will be used to determine the extent to which your agency has accomplished the objectives which were identified in your grant proposal. Further funding under ESD/SVP will depend in part upon your ability to demonstrate your accomplishments. Please review the following and respond to the information requested. Where necessary, please refer back to the Request For Proposal and the application submitted to the Department by your agency. Information should be reported for each building in which funded program activities were implemented.

Program Report

Please give the number of schools and students funded in whole or part by the ESD/SVP Program. In each school building providing after school activities, please provide an approximate number of students involved.

	# of Buildings	# of Students
Elementary	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Junior High/Middle	_____	_____
	_____	_____
	_____	_____
	_____	_____
High School	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

The information on this page is required from public school districts only, and not for any community-based organizations funded by the ESD/SVP Program.

Building Name: _____

PLEASE PROVIDE THE INFORMATION REQUESTED IN ITEMS 1-5 FOR EACH BUILDING IN WHICH FUNDED PROGRAM ACTIVITIES WERE IMPLEMENTED.

- 1. Statement of Goals/Objectives/Activities/Evaluation:** Please document objectives, activities and evaluation data. Use **one page** per goal statement.

Goal Statement: _____

# of Need	Measurable Objective	Program Activities	Evaluation

2. Collaborators: Please indicate by checking collaborators listed below who were involved in the development and implementation of the ESD/SVP program.

- | | |
|---|--|
| <input type="checkbox"/> Students | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Shared-Decision-Making Committee | <input type="checkbox"/> Colleges/Universities |
| <input type="checkbox"/> School Safety Committee | <input type="checkbox"/> Agencies |
| <input type="checkbox"/> Parent Organizations | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community-based Organization | |

3. Identify by checking below the programs and projects with which your ESD/SVP Program was coordinated:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 21 st Century Community Learning Centers Program |
| <input type="checkbox"/> | Safe and Drug-Free Schools and Community Act (SDFSCA) |
| <input type="checkbox"/> | Title 1 |
| <input type="checkbox"/> | Special Education |
| <input type="checkbox"/> | Community Schools |
| <input type="checkbox"/> | Magnet Schools |
| <input type="checkbox"/> | Other (List below): |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |