

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

**2007-2008 Final Program Report**

District or BOCES Code  
(12 Digit School District Code)

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Project Number

**0 6 4 0**

<b>0</b>	<b>8</b>
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<b>School District or Community Based Organization</b>	
<b>Contact Person</b>	<b>Telephone Number</b>
<b>Date</b>	<b>Signature of Chief School Officer or Executive Director</b>
<hr/> <b>(Type name and title of Chief School Officer or Executive Director)</b>	

**One original and one copy should be submitted by September 1, 2008 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	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**Building Name:** \_\_\_\_\_

**PLEASE PROVIDE THE INFORMATION REQUESTED IN ITEMS 1-3 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.

- \_\_\_\_\_ Students
- \_\_\_\_\_ Shared-Decision-Making Committee
- \_\_\_\_\_ School Safety Committee
- \_\_\_\_\_ Parent Organizations
- \_\_\_\_\_ Community-based Organizations

- \_\_\_\_\_ Law Enforcement
- \_\_\_\_\_ Colleges/Universities
- \_\_\_\_\_ Agencies
- \_\_\_\_\_ Other \_\_\_\_\_

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

\_\_\_\_\_ 21<sup>st</sup> Century Community Learning Centers Program

\_\_\_\_\_ Safe and Drug-Free Schools and Community Act (SDFSCA)

\_\_\_\_\_ Title 1

\_\_\_\_\_ Special Education

\_\_\_\_\_ Community Schools

\_\_\_\_\_ Magnet Schools

\_\_\_\_\_ Other (List below):

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\_\_\_\_\_

\_\_\_\_\_

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