**Form G (Goals)**

School Name School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### End-of-Year Evaluation

### School, Family, and Community Partnerships Focused on School Goals

This annual report helps your Action Team for Partnerships (ATP) discuss and rate the quality of your school’s partnership program. It also asks ATP committees to consider *how well* activities were implemented and *how to improve* activities in the next school year to meet targeted school improvement goals.

This End-of-Year Evaluation—Form G includes one page of questions on the overall partnership program, and a separate page of questions for each goal that was targeted in the *One-Year Action Plan—Form G* for this school year. If more than 4 goals were targeted, the ATP should make a copy of a “goals page” for each additional goal. This evaluation should assist the ATP with its *One-Year Action Plan—Form* G for the next school year.

**Overall Program Evaluation**

1. **What has changed most in the past year as a result of your work on school, family, and community partnerships?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall, how would you rate the quality of your school’s program of school, family, and community partnerships?**

**Our school’s partnership program is:**

**\_\_\_\_\_ WEAK/JUST STARTING: Not well developed; needs a great deal of work**

**\_\_\_\_\_ FAIR: Implemented, but needs improvement and expansion**

**\_\_\_\_\_ GOOD: Well developed; is focused on school improvement goals; covers all six types of involvement; and addresses the needs of *most* families at *most* grade levels**

**\_\_\_\_\_ EXCELLENT: Well developed and implemented; is focused on school improvement goals; covers all six types of involvement; and addresses the needs of *all* families at *all* grade levels**

1. **Who are the members of your Action Team for Partnerships this year? Mark \* next to the name of members who are completing their terms or leaving the school, and who will be replaced by new members.**

|  |  |  |
| --- | --- | --- |
| ATP members  For this school year | Position  (e.g., teacher, parent, etc.) | Role on Action Team  (e.g., chair, co-chair, committee member working on which goal(s) ) |

**Goal 1—ACADEMIC: Which curricular goal for improving student learning and achievement was selected**

**in the One-Year Action Plan—Form G? Improve Percentage of 9th Grader Course Passing**

Was Goal 1 reached this year? YES or NO

**Will Goal 1 be continued or expanded in the One-Year Action Plan—Form G for the next school year? YES or NO**

**PROGRESS IN REACHING GOAL 1—ACADEMIC**

Use *Excellent* ***(E),*** *Good* ***(G),*** *Fair* ***(F),*** *or Poor* ***(P)***to rate the **partnership activities** that were conducted to help reach GOAL 1 in each category. Explain the next steps that will be taken to maintain or improve the partnership activities in the next school year. Use additional pages if more than three family and community involvement activities were conducted to reach this goal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partnership Activity** | **Action Team Support** | **Other Support** | **Implementation** | **Overall Success of Activity** |
|  | How helpful and active were ATP members? | How helpful were family, students, community members, and others? | How well was the activity planned and implemented? | Did the activity reach  its targeted audience?  Did it produce desired result(s)? |
| **1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |

Will this partnership activity be continued in the next school year? YES or NO. If NO, why not?

If YES, what might be done to improve the support, implementation, or overall success of this activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_