

Number of students enrolled in regular school day: _____

Site facilities where program operates (check all that apply):

Library Computer Lab Classroom Multi-Purpose/Cafeteria Other: _____

STAFFING

TOTAL NUMBER OF STAFF AT SITE: _____

Credentialed Teachers: _____ Volunteers: _____ Paraprofessionals: _____ Other: _____

Yes No

 Ratio of Staff to Students is a maximum of 1:20

 Staff Credentials / Qualifications met

 Health Screening and Fingerprint Clearance

 Are staff trained in CPR and First Aid?

 Staff Development Provided

Notes:

Sources of Staff Development (check all that apply):

District Level General After School Specific Site Level Specific Agency Specific

Sample of staff development topics offered: _____

PROGRAM COMPONENTS

Academic Core Content Areas Addressed:

Yes No

 Language Arts/ Reading

 Mathematics

 History/ Social Science

 Technology

 Science

Notes:

School Day Aligned Academic Support Services Offered:

Tutoring Homework Assistance
 Remediation Services Extended Library Hours
 Other (describe): _____

Sample of strategies used to align program with the regular day:

Site Name: _____

Date: _____

PROGRAM COMPONENTS (continued)

Educational Enrichment Activities (check all that apply): **Notes:**

- | | |
|---|---|
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Health and Nutrition |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Career Preparation |
| <input type="checkbox"/> Youth Development | <input type="checkbox"/> Service Learning |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Character Education |
| <input type="checkbox"/> CAHSEE Preparation (ASSETS only) | |
| <input type="checkbox"/> Other (please describe): | |

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Behavior Intervention strategy or program |
| <input type="checkbox"/> | <input type="checkbox"/> | Nutritional Snack |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Literacy Services (21 st CCLC only) |

Sample of Family Literacy Services offered:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | English Language Learners in program |
| <input type="checkbox"/> | <input type="checkbox"/> | Students with Special Needs in program |

Sample of strategies used to address specific needs of ELLs and Students with Special Needs:

ATTENDANCE

Yes No

- | | | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Attendance Tracking Procedure |
| <input type="checkbox"/> | <input type="checkbox"/> | Waiting List |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Release Policy |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation Provided |

Notes:

Sample of strategies used to promote program to students, parents, and the community to increase participation:

Site Name: _____ Date: _____

NARRATIVE SUMMARY
(Attach Additional Pages as Needed)

Overall Strengths of Program:

Yes No

Supplemental Materials Collected? (If yes, please describe)

Recommendations (Specifically address academic, behavior, and/or attendance if needed):

Technical Assistance Issues Identified and Discussed	Strategies to Consider	Responsibilities (Who and What)	Target Dates

Additional Comments/ Suggestions:

Follow-up Visit? Yes No

Date of follow-up visit: _____

Site Visit Team:

Name: _____	Agency: _____	Phone: _____	Email: _____
Name: _____	Agency: _____	Phone: _____	Email: _____
Name: _____	Agency: _____	Phone: _____	Email: _____

Person Preparing Report:

Name: _____

Agency: _____

Phone: _____

Email: _____

Site Name: _____

Date: _____