

ILLINOIS STATE BOARD OF EDUCATION

Curriculum and Instruction Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

**ARTS AND FOREIGN LANGUAGE ASSISTANCE GRANT
FINAL PERFORMANCE REPORT FOR FY 2009 IMPLEMENTATION GRANT
Cover Page**

CHECK (√) ONE: <input type="checkbox"/> Arts <input type="checkbox"/> Foreign Language		CHECK (√) ONE: <input type="checkbox"/> Year One <input type="checkbox"/> Year Two	
APPLICANT INFORMATION			
DISTRICT NAME AND NUMBER		REGION-COUNTY-DISTRICT-TYPE CODE	
SUPERINTENDENT NAME		PROJECT CONTACT	TITLE
SUPERINTENDENT ADDRESS (Street, City, State, Zip Code)		CONTACT ADDRESS (Street, City, State, Zip Code)	
TELEPHONE (Include Area Code)	FAX (Include Area Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)
E-MAIL (Superintendent)		E-MAIL (Project Contact)	

I certify that the project contact person identified above is authorized to act on behalf of the institution with regard to the Arts and Foreign Language Implementation Assistance Grant.

_____ *Date*

_____ *Original Signature of Superintendent*

ISBE USE ONLY	
ISBE RECEIVED DATE	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 10px 0;"> <i>Date</i> <i>Original Signature of ISBE Division Administrator, Curriculum and Instruction</i> </div>

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ATTACHMENT 1

Page ____ of ____

**ARTS AND FOREIGN LANGUAGE ASSISTANCE GRANT
FINAL PERFORMANCE REPORT FOR FY 2009 IMPLEMENTATION GRANT**

CHECK (√) ONE:

Arts Foreign Language

DISTRICT NAME AND NUMBER

Overview: Attach a copy of the Action Plan for your project and briefly summarize the results of the implementation process. Limit summary to 2 pages.

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**ARTS AND FOREIGN LANGUAGE ASSISTANCE GRANT
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ENROLLMENT AND PARTICIPATION TRENDS

CHECK (✓) ONE:

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DISTRICT NAME AND NUMBER

STUDENT INFORMATION

_____ Total number of students served as a result of the grant project.

1. Grade levels served (Check the box and indicate the number of students in the corresponding level)

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> K _____ | <input type="checkbox"/> 4 _____ | <input type="checkbox"/> 7 _____ | <input type="checkbox"/> 10 _____ |
| <input type="checkbox"/> 1 _____ | <input type="checkbox"/> 5 _____ | <input type="checkbox"/> 8 _____ | <input type="checkbox"/> 11 _____ |
| <input type="checkbox"/> 2 _____ | <input type="checkbox"/> 6 _____ | <input type="checkbox"/> 9 _____ | <input type="checkbox"/> 12 _____ |
| <input type="checkbox"/> 3 _____ | | | |

2. Demographic indicators of students served

a. Race/Ethnicity (Indicate the number of students on each line)

- | | |
|------------------------|-------------|
| _____ White | _____ Asian |
| _____ African American | _____ Other |
| _____ Hispanic | |

b. Low Income (Indicate the number of students)

_____ Qualified for Free Lunch Program

c. English Language Learners (Indicate the number of students)

_____ ELL

d. Special Education Students (Indicate the number of students)

_____ IEP

TEACHER AND ADMINISTRATOR INFORMATION

_____ Number of teachers hired for this grant project (indicate FTE)

_____ Number of teachers participating in professional development offered through this project

_____ Number of administrators participating in professional development offered through this project

COMMUNITY INFORMATION

_____ Number of community volunteers participating in school-based projects as a result of this grant

_____ Number of community volunteers participating in committee or other events as a result of this project

NEW COURSE AND SECTION INFORMATION

In the following chart, list the name of the course, number of sections, and grade level for each new course added as a result of the implementation grant.

COURSE NAME	NUMBER OF SECTIONS	GRADE LEVEL

CHECK (✓) ONE:

- Arts Foreign Language

DISTRICT NAME AND NUMBER

IMPLEMENTATION REVIEW PROCESS

CHART A: Implementation Process Effectiveness

Evaluate the effectiveness of the implementation process you have completed by describing the outcome of each activity under the objectives that were in the original application. In your evaluation, describe the success or failure of each activity.

OBJECTIVES	OUTCOME OF ACTIVITIES	SUCCESS OR FAILURE EVALUATION

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DISTRICT NAME AND NUMBER

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IMPLEMENTATION REVIEW PROCESS

CHART B: District Personnel Report

In the chart below, write the name, title (i.e., teacher, administrator, superintendent, student), and the role each played in the implementation process (i.e., committee member, researcher, workshop participant).

	NAME	TITLE	ROLE
ADMINISTRATORS			
FACULTY			
STUDENTS			
OTHER			

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IMPLEMENTATION REVIEW PROCESS

CHART C: Resources Report

In the chart below, write the names of the non-district human resources (i.e., parents, community representatives, consultants), and materials (i.e., books, program materials) that were used in the implementation process

CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

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ACTION PLAN – GOALS AND OBJECTIVES

Using your Action Plan, complete a chart for each goal and objective describing your future plans as a result of the implementation process you have concluded.

Goal: _____

Objective: _____

Strategy	Responsible Personnel	Timeline	Budget	Data Collected

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