



# Illinois State Board of Education

100 North First Street  
Springfield, Illinois 62777-0001

Grant Periodic Performance Report  
FY 20 Prevention Initiative (3705-01)

Program Name: \_\_\_\_\_

RCDT Code: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Instructions: Each program will complete and submit this form, at least quarterly, by uploading it into the ISBE, IWAS Grant Periodic Reporting System (GPRS). Please ensure that you save this form to your computer before you enter information into the document. Due in IWAS:

Quarter 1	October 30, 2019
Quarter 2	January 30, 2020
Quarter 3	April 30, 2020
Quarter 4	July 30, 2020

Deliverable: UGA Exhibit B

Complete and submit at a minimum, quarterly in the [Grant Periodic Reporting System](#) and report on the program enrollment of families. Quarterly reports need to be uploaded into the Grant Periodic Reporting System. Report can be found at <https://www.isbe.net/Pages/Early-Childhood.aspx>

Performance Measure: UGA Exhibit E

- A. 100% of families enrolled have been determined to be at risk of academic failure according program eligibility weighted criteria form and 100% program enrollment for families as defined in the Early Childhood Prevention Initiative 0-3 electronic grant. The program is conducting ongoing and regular screenings to meet eligibility requirements.

Performance Standard: UGA Exhibit F

- A. The program maintains at least 90% enrollment for families as defined in the Early Childhood Prevention Initiative 0-3 electronic grant and 100% have been determined to be at risk of academic failure. The conducts ongoing, regular screenings to meet enrollment requirements.

## Grant Periodic Reporting System Form

### 1. Caseload (HV, CB, FL)

Are 100% of children/families who are enrolled in the program <u>determined to be at risk of academic failure</u> ? (Children/families are identified by the use of a weighted eligibility form that includes the priority populations outlined in the FY19 PI RFP.)	YES	NO
If No, please state reason below:		

### 2. Enrollment

2.a. Is the program maintaining 100% capacity for <u>enrollment of <b>children</b></u> , as defined in the Early Childhood Prevention Initiative 0-3 IWAS electronic grant?	YES	NO
2.b. If No, please state reason below:		
2.c. Number of <b>children</b> to be served as indicated in the electronic grant:	2.d. Number of <b>children</b> currently enrolled in the Program:	

2.e. Is the program maintaining 100% capacity for <u>enrollment of <b>families</b></u> , as defined in the Early Childhood Prevention Initiative 0-3 IWAS electronic grant?	YES	NO
2.f. If No, please state reason below:		
2.g. Number of <b>families</b> to be served as indicated in the electronic grant:	2.h. Number of <b>families</b> currently enrolled in the Program:	

3. (HV, CB, FL) Does the program have children on a waiting list? Yes or No

<b>Question</b>	<b>HV</b>	<b>CB</b>	<b>FL</b>
Does program have children on a waiting list? (Yes or No)			
<b>Quarter 1</b> - July 1 through September 30			
<b>Quarter 2</b> – October 1 through December 31			
<b>Quarter 3</b> – January 1 through March 31			
<b>Quarter 4</b> – April 1 through June 30			

4. (HV, CB, FL) If yes, how many children are on the waiting list?

<b>Question</b>	<b>HV</b>	<b>CB</b>	<b>FL</b>
If yes, how many children are on the waiting list?			
<b>Quarter 1</b> - July 1 through September 30			
<b>Quarter 2</b> – October 1 through December 31			
<b>Quarter 3</b> – January 1 through March 31			
<b>Quarter 4</b> – April 1 through June 30			

5. (HV, CB, FL) Insert the number of screenings conducted in this quarter.

<b>Question</b>	<b>HV</b>	<b>CB</b>	<b>FL</b>
Insert the number of screenings conducted this quarter.			
<b>Quarter 1</b> - July 1 through September 30			
<b>Quarter 2</b> – October 1 through December 31			
<b>Quarter 3</b> – January 1 through March 31			
<b>Quarter 4</b> – April 1 through June 30			

6. (HV, CB, FL) What are the program recruitment efforts that will take place in the next quarter to raise program enrollment?

7. (HV, CB, FL) What continuous quality improvement plan (CQIP) activities/goals did your program staff engage in, complete or implement this reporting period?