

ADVANCED PLACEMENT COURSE IMPLEMENTATION GRANT FINAL PROGRESS REPORT

100 North First Street, Springfield, Illinois 62777-0001

FY_____

COLLEGE AND CAREER READINESS

APPLICANT INFORMATION			
DISTRICT NAME AND NUMBER		REGION-COUNTY-DISTRICT-TYPE COD	E
NAME OF SUPERINTENDENT/AUTHORIZED OFFICIAL		PROJECT CONTACT	
TITLE		TITLE	
ADDRESS (Street, City, State, Zip Code)		ADDRESS (Street, City, State, Zip Code)	
TELEPHONE (Include Area Code)	FAX (Include Area Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)
E-MAIL		E-MAIL	

I certify that the program administrator/contact person identified above is authorized to act on behalf of the institution with regard to the Advanced Placement Grant.

Date

Original Signature of Superintendent or Authorized Official

ISBE USE ONLY		
DATE RECEIVED:		
	Date Original Signature of ISBE Grant Administrator	
	1	

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ADVANCED PLACEMENT COURSE IMPLEMENTATION GRANT FINAL PROGRESS REPORT

IMPLEMENTATION OF GOALS

DISTRICT NAME AND NUMBER

Provide a narrative summarizing how the grant program goals were accomplished. Give specific examples and provide evidence of increased numbers of low-income and disadvantaged students taking AP courses.

ATTACHMENT 1

College and Career Readiness Division 100 North First Street, C-215 Springfield, Illinois 62777-0001

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ADVANCED PLACEMENT FINAL PROGRESS REPORT

ENROLLMENT AND PARTICIPATION TRENDS

DISTRICT NAME AND NUMBER

STUDENT INFORMATION

Total number of students served as a result of the grant project:

1. Grade levels served (Indicate the number of students in the corresponding level)

6	10
7	11
8	12

9

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

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

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ADVANCED PLACEMENT FINAL PROGRESS REPORT

IMPLEMENTATION PROCESS

DISTRICT NAME AND NUMBER

CHART A: Implementation Program Effectiveness

Evaluate the effectiveness of the implementation program by describing the outcome of each activity under the objectives that were in the original application.

OBJECTIVES	OUTCOME OF ACTIVITIES

ATTACHMENT 2A

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IMPLEMENTATION PROCESS

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ATTACHMENT 2B

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IMPLEMENTATION OF GRANT GOALS

DISTRICT NAME AND NUMBER

CHART B: Resources Report

CATEGORY	DESCRIPTION	COST
HUMAN RESOURCES		
MATERIAL RESOURCES		
OTHER		

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ATTACHMENT 2B

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