

Check one:

- Arts
- Foreign Language

ILLINOIS STATE BOARD OF EDUCATION

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

**ARTS AND FOREIGN LANGUAGE
IMPLEMENTATION ASSISTANCE GRANT
FINAL PERFORMANCE REPORT FOR FY 2016**

COVER PAGE

APPLICANT INFORMATION			
DISTRICT NAME AND NUMBER		REGION-COUNTY-DISTRICT-TYPE CODE	
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 Arts and Foreign Language Implementation Assistance Grant.

Date

Original Signature of Superintendent or Authorized Official

ISBE USE ONLY	
DATE RECEIVED:	 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Date </div> <div style="width: 45%;"> _____ Original Signature of ISBE Division Administrator Innovation and Improvement </div> </div>

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ATTACHMENT 1

Page ____ of ____

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OVERVIEW

DISTRICT NAME AND NUMBER

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

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**ARTS AND FOREIGN LANGUAGE
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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)

K _____	4 _____	7 _____	10 _____
1 _____	5 _____	8 _____	11 _____
2 _____	6 _____	9 _____	12 _____
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 Educatio 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 _____

TEACHER AND ADMINISTRATOR 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 grant _____

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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IMPLEMENTATION REVIEW PROCESS**

DISTRICT NAME AND NUMBER

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

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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DISTRICT NAME AND NUMBER

CHART C: Resources Report

In the chart below, write the names of the human resources (i.e., non district, 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**

DISTRICT NAME AND NUMBER

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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