Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

Be sure to update to Adobe Reader 9 prior to beginning form.

ILLINOIS STATE BOARD OF EDUCATION
Special Education Services Division
100 North First Street, N-253
Springfield, Illinois 62777-0001

AREA V – FY 2009 SOCIAL EMOTIONAL LEARNING STANDARDS IMPLEMENTATION GRANT PROGRESS REPORT

REGION, COUNTY, DISTRICT, TYPE CODE	PREPARED BY
AGENCY NAME	TITLE
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	FAX (Include Area Code)

Please select the progress reporting period and corresponding due date:

REPORT	CUMULATIVE THROUGH	DUE IN ISBE OFFICE
☐ 1	June 30, 2009	August 1, 2009
☐ 2	December 31, 2009	February 1, 2010

A. **School Teams:** In the chart below, identify the SEL Implementation Team for **each school** participating in the project comprised of at least three members, to include a school administrator, a teacher, and a family representative. Please note if any of the members are different from those listed in the grant application.

Name of Participating School(s)	SEL Team Member-School Administrator	SEL Team Member-Teacher	SEL Team Member-Family Representative	SEL Team Member-Other

B. Parent Meetings:

Name of Participating School(s)	Date of Parent Meeting	Did a family representative from each school attend the required Parent Meeting?	
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No
	____/____/____	☐ Yes	☐ No

C. Training/TA Activities: In the chart below, state when each SEL Team attended or will attend the 1 day SEL training and networking session.

Name of School for each SEL Team	Date of 1 day SEL training and networking session.	Did all required SEL Team members attend?
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____
	____/____/____	☐ Yes ☐ No (Specify who did not attend and their role) _____ _____

D. Family/Community Engagement Activities: In the chart below, please list the family/community engagement activities related to the promotion of SEL and/or the integration of SEL into the schools' programming and curricula conducted during this grant period. In column (a) provide the date (MM/DD/YY) of activity. In column (b) provide the topic and format of the SEL activity (e.g., parent focus group on SEL assessment). In column (c) provide the number of participants reached.

(a) Date	(b) Topic/Format of Activity	(c) Number of Participants
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
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____/____/____		

E. **SUCCESSES AND ACHIEVEMENTS**
Please describe any special successes or achievements your participating schools have accomplished, including any supportive curricula and programs that have been identified, acquired or implemented this year.

F. **BARRIERS AND CHALLENGES**
Please describe any barriers or challenges your participating schools have encountered this year.

Please submit the original and two copies of this report in its entirety to:

Illinois State Board of Education
C/O Pam Corsaut
100 North First Street, N-253
Springfield, IL 62777-0001
217-782-5589

I certify that all the information in this report is accurate.

_____ _____ _____
Date Authorized Signature Title

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