

Program Name: _____

RCDT Code: _____

Reporting Period: _____

Instructions: Each program will complete and submit this form at least on an annual basis 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. Information located on this form should reflect activities completed during the period you are reporting. Reports due in IWAS:

Reporting Period July 1, 2024 to June 30, 2025.	
If you take an extended program year, you will have an additional report for July 1 st to August 31 st .	
Report Opens June 30 th	Report Due July 30 th
Report Opens-Extended Program Year ONLY August 31 st	Report Due-Extended Program Year ONLY September 30 th

Deliverable: UGA Exhibit B. Complete and submit at least quarterly by uploading in the Grant Periodic Reporting System and report on the program enrollment of children. The report can be found at <https://www.isbe.net/Pages/Early-Childhood.aspx>

Performance Measure: UGA Exhibit E

A. 80% of children who are enrolled have been determined to be at risk of academic failure, as defined in the 23 Illinois Administrative Code Part 235 for the Early Childhood Preschool for All/Preschool for All Expansion electronic grant. The program is conducting ongoing and regular screenings to meet eligibility requirements.

Performance Standard: UGA Exhibit F

A. The program maintains 100% capacity for enrollment of children as defined in the Early Childhood Preschool for All/Preschool for All Expansion 3-5 electronic grant and conducts ongoing, regular screenings to meet enrollment requirements.

1. Are 80% or more of children who are enrolled determined to be at risk of academic failure, as defined in the 23 Illinois Administrative Code Part 235 for the Early Childhood Preschool for All/Preschool for All Expansion electronic grant?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If No, please state reason below:		

2. Is the program conducting ongoing and regular screenings to meet eligibility requirements?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
If No, please state reason below:			
3. Is the program maintaining 100% capacity for enrollment of children as defined in the Early Childhood Preschool for All/Preschool for All Expansion 3-5 electronic grant?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
If No, please state reason below:			
4. What are the program recruitment efforts that will take place in the next quarter to raise program enrollment? (only answer if under enrolled)			
5. Number of children to be served as indicated in electronic grant:	6. Number of children currently enrolled in the program:	7. Number of children on waiting list:	8. Number of children screened:
9. What continuous quality improvement plan (CQIP) activities/goals did your program staff engage in, complete, or implement this reporting period?			