

ADVANCED PLACEMENT COURSE IMPLEMENTATION GRANT MID-YEAR REPORT

100 North First Street, C-215 Springfield, Illinois 62777-0001

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CURRICULUM AND INSTRUCTION DEPARTMENT

	APPLICAI	NT INFORMATION			
DISTRICT NAME AND NUMBER		REGION-COUNTY-DISTRICT-TYPE CO	REGION-COUNTY-DISTRICT-TYPE CODE		
NAME OF SUPERINTENDENT/AUTHOR	ZED OFFICIAL	PROJECT CONTACT	PROJECT CONTACT		
TITLE		TITLE			
ADDRESS (Street, City, State, Zip Code)		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			
Date Original Signature of Superintendent or Authorized Official					
	ISBI	USE ONLY			
DATE RECEIVED:	Date	Original Signature of ISBE 0	Grant Administrator		

ISBE 24-29B Advanced Placement Mid-Year Report (12/19)

Curriculum and Instruction Department 100 North First Street, C-215 Springfield, Illinois 62777-0001

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ADVANCED PLACEMENT COURSE IMPLEMENTATION GRANT MID-YEAR 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.

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ADVANCED PLACEMENT **MID-YEAR REPORT**

ENROLLMENT AND PARTICIPATION TRENDS

Total number	er of	students served as a result of the grant project:		
1.	Gra	de levels served (Indicate the number of students in the corresponding level)		
	6	10		
	7	11		
	8	12		
	9 _			
2.	De	mographic 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		
Number of	teach	ers hired for this grant project (indicate FTE)		
		ers participating in professional development offered through this project		
Number of	admiı	istrators participating in professional development offered through this project		
Total numb	er of	professional development hours offered through this project		
NEW COU	RSE A	AND SECTION INFORMATION		
In the follow	wing (chart, list the name of the course, number of sections, and grade level for ea	ch new course added	as a result of the
implementa	tion (rant.		
		COURSE NAME	NUMBER OF SECTIONS	GRADE LEVEL
			020110110	
ISBE 24 20B /	\dvanc	ed Placement Mid-Year Report (12/19)		

DISTRICT NAME AND NUMBER

STUDENT INFORMATION

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IMPLEMENTATION PROCESS

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		

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IMPLEMENTATION OF GRANT GOALS

DISTRICT NAME AND NUMBER		
CHART B: 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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