

EVEN START LOCAL EVALUATION REPORT FORMAT

COVER PAGE (template attached) (Required for FY 09)

TABLE OF CONTENTS (template attached) (Required for FY 09)

I. PROGRAM DESCRIPTION

A. Description/Aspects of Community (Optional for FY 09)

[geographic/school district area served, economic indicators/situations, employment rates, educational statistics, support services, urban/rural issues, how does the project connect to the community – how does it fit into the service landscape]

B. Partnerships and Collaborations (Optional for FY 09)

[primary partners and how they contribute to designing, planning, implementing and evaluating project activities for the four service components]

C. Program Demographics (Required for FY 09)

[demographics of participating adults, children and families, (not limited to FLAIR fields), numbers served, geographic information]

II. PROGRAM PERFORMANCE

A. Program Components (Optional for FY 09)

1. Provide a description of the four program components and analyze the extent of integration of the components:

- a. Early Childhood Education
- b. Adult Education and Literacy
- c. Parenting Education
- d. Interactive Literacy Activities Between Parents and their Children

B. Program Elements (Optional for FY 09)

1. Summarize level of success in meeting program elements

- a. Identification and Recruitment of Families Most in Need
- b. Screening and Preparation of Participants
- c. Flexible Scheduling and Support Services
- d. High-Quality, Intensive Instructional Services
- e. Staff Qualifications
- f. Staff Training
- g. Home-Based Instructional Services
- h. Year-Round Services
- i. Coordination with Other Programs
- j. Instructional Programs Based on Scientifically Based Reading Research
- k. Retention Strategies
- l. Reading Readiness Activities Based on Scientifically Based Reading Research
- m. Continuity of Services
- n. Providing Services to Families Most In Need

C. Participant Outcomes (Required for FY 09)

1. Utilizing raw performance indicator data collected through FLAIR and/or locally developed, identify which performance indicators were achieved and which ones were not and if not, provide explanation
2. Format for each performance indicator selected by program

Performance Indicator

Projected Outcome

(Information from Proposal Attachment 7 and FLAIR Form 20)

Number projected to be enrolled _____

Percentage to meet outcome _____

Number projected to meet outcome _____

Actual Outcome

Number enrolled _____

Number assessed _____

Percentage meeting outcome _____

Percentage meeting outcome _____

Number meeting outcome _____

Number meeting outcome _____

Achievement Statement (example: achieved or did not achieve)

- Based on Number Assessed
- Based on Number Enrolled
- Based on Number Projected

Analysis

(Include Analysis for all indicators whether met or not.
What is working? What are the challenges?)

III. RECOMMENDATIONS AND COMMENDATIONS (Required for FY 09)

A. Recommendations for continual program improvement

1. Status of recommendations from previous year's local evaluation [identify recommendations from previous project year, summarize programmatic and participant outcomes that resulted from meeting these recommendations, explanation concerning why recommendations that were not able to be met]
2. Recommendations for the following project year for continual program improvement

B. Commendations

[project successes and strengths]

IV. FAMILY SUCCESS STORY (1 page narrative) (Optional for FY 09)

V. SYSTEMIC INQUIRY (Optional for FY 09)

- A. An identified research question based on local needs for the next year. [A focus or question in relation to the program's developmental state that can be useful for influencing decisions about program development.]
- B. Results of the last year's research question and its impact on program improvement that was instituted this year.

VI. APPENDICES (Optional for FY 09)

**FY 2009 Even Start Family Literacy Local Evaluation Report
Cover Page**

PROJECT NAME:

Region-County-District Code:

PROJECT CONTACT:

Project Address:

Telephone:

Fax:

Email Address:

Time Period Covered:

FY 2009 YEAR OF FUNDING

1

2

3

4

5

6

7

8

9+

PARTICIPANTS SERVED (Based on F.L.A.I.R. Data)

_____ **Number of Families**

_____ **Number of Adults**

_____ **Number of Children**

EVALUATOR NAME:

Address:

Telephone:

Fax:

Email Address:

FY 2009 Even Start Family Literacy Local Evaluation Report

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