

## Extended School Services Daytime Waiver Program Evaluation

PLEASE TYPE ANSWERS IN GRAY AREAS

<b>Collection Date:</b>	June 30, 2019
<b>District Name:</b>	Simpson County
<b>District Code (Number):</b>	535
<b>District ESS Coordinator's Name:</b>	Shelina Smith
<b>School Name:</b>	Franklin Elementary
<b>School Code (Number):</b>	020
<b>School ESS Coordinator's Name:</b>	Lori Bean
<b>Total # of students who received services in this program:</b>	45
<b>Number of staff employed using <u>daytime</u> ESS funds:</b>	__ Certified __1__ Classified __ Peer Tutor __ Volunteer
<b>Collaborative Partners: (People/Organizations with whom you collaborate for ESS funds and resources) (select all that apply):</b>	
<input type="checkbox"/> 21 <sup>st</sup> Century <input checked="" type="checkbox"/> FRSYSC <input type="checkbox"/> GEAR UP <input type="checkbox"/> Private Grant <input type="checkbox"/> Reading First <input type="checkbox"/> AmeriCorps <input checked="" type="checkbox"/> Title I <input type="checkbox"/> Retired Teacher Organization <input type="checkbox"/> Other: _____	
<b>Targeted Content Areas of daytime program (select all that apply):</b>	
<input type="checkbox"/> Math <input checked="" type="checkbox"/> Reading/ Language Arts <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Writing <input type="checkbox"/> Other: _____	
<b>Program Delivery Model:</b> Under what circumstances, or in what format, were daytime ESS serviced delivered?	
<input type="checkbox"/> After Classroom Instruction <input type="checkbox"/> Collaborative (during class) <input type="checkbox"/> During enrichment/elective course <input checked="" type="checkbox"/> During Intervention Class/Time <input type="checkbox"/> During independent practice time <input type="checkbox"/> Credit Recovery Course/Class	
<b>Out of School Time (OST) Program school will offer IN ADDITION to daytime program (select all that apply):</b>	
<input type="checkbox"/> Before School <input type="checkbox"/> Intercession <input type="checkbox"/> Saturday School <input checked="" type="checkbox"/> After School <input type="checkbox"/> Summer School <input type="checkbox"/> Night School	
<b>Brief description of program:</b> (this area will expand as you type) From your description, it should be clear how students were selected for participation, how and how often their progress was measured, and how students were able to exit the ESS Daytime program. You should also include information on who delivered services and how often those services were delivered.	
Based on STAR and Brigance results, students were selected to participate in small group instruction with an interventionist for reading instruction. Research based programs were utilized with the students. Progress monitoring was completed twice a month using benchmark assessments and students were able to exit the program once the benchmark was met.	

## Program Results

Number of students who improved as a result of services:	<u>45</u> Improved
Number of students who did not improve in level of achievement as a result of services:	<u>  </u> Did not Improve (Sustained) + <u>  </u> Performance Declined
Number of student who were able to graduate from high school as a result of ESS intervention services:	<u>NA</u> Students
Number of students who were able to move on to the next grade level (were not retained) as a result of ESS intervention services:	<u>45</u> Students
If there are students who did not improve (from the box above), provide a brief plan for reaching those students to ensure improvement and/or an explanation of why the students failed to improve (i.e. student moved during program, student attendance was a factor, etc.): (this area will expand as you type)	
Does your school wish to implement this program again next school year? (Select One)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of any planned changes to program for next year of implementation (or a brief explanation of why the program is being discontinued): (this area will expand as you type)	
No changes are planned.	

**Shelina Smith**

Signature District ESS Coordinator's

**June 30, 2019**

(Date)

**Lori Bean**

Signature School contact

**June 30, 2019**

(Date)

**Rachel Wright**

Signature School Principal

**June 30, 2019**

(Date)

**Note: electronic signatures are acceptable**