**Wyoming 21st CCLC Programs Site Visit/Technical Assistance Form**

Site Name & Location:

Alternate Site:

Subrantee Name:

District / Agency:

**Grant Scope**

 **21st CCLC** [ ]  Before School (BS) [ ]  After School (AS) [ ]  Summer [ ]  Intersession

 [ ]  Family Literacy

 *Award Amount* $*Cohort #* *Grant ID(s) #*

**Other funding by percent of programming**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Target Enrollment:** Before School # After School #  Enrichment #  Summer #

**Actual Attendance:** Before School # After School #  Enrichment #  Summer #

Number of students enrolled in regular school day in service area:

Hours of Operation: Before School After School Summer

**Contact Information: Name Address Phone / Email**

Site Supervisor:

Program Director:

Principal:

Site Visit Team:

(name and title)

**Person preparing report:**

**Site Name:****Date:**

**STAFFING**

***TOTAL NUMBER OF STAFF: #* Certified Elementary, LA, Math or Science Teachers: *#***

**Other Certified Teachers: *#***

 **Staff with a credential or some college: *#***

 **Paraprofessionals: *#*       Volunteers: *#***

 **Other: *#***

**Yes No N/A Comments:**

 [ ]  [ ]  [ ]  New staff orientation, handbook and probationary period?

 [ ]  [ ]  [ ]  Ratio of Staff to Students is a maximum of 15:1

 [ ]  [ ]  [ ]  Credentials / Qualifications met (meets min. of

 district instructional aid)

 [ ]  [ ]  [ ]  Health Screening and Fingerprint Clearance

 for all staff / volunteers

 [ ]  [ ]  [ ]  Are staff trained in CPR and First Aid?

 [ ]  [ ]  [ ]  Staff Development to meet program goals is provided Budget for PD $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Check type and provide agendas, training calendars, or

 other documentation.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  District Level General [ ]  After School Specific [ ]  Center Level Specific [ ]  Job Specific

 [ ]  21CCLC Grant Specific

**Site Name:      Date:**

**PROGRAM COMPONENTS**

**Yes No N/A Academic Core Content Areas: Guiding Questions/Comments:**

 - Are program staff aware of or knowledgeable

[ ]  [ ]  [ ]  Language Arts/ Reading of the adopted/aligned curriculum materials in use by

 Yes No the regular day program?

 [ ]  [ ]  Standards Aligned - Are students actively engaged in activities observed?

[ ]  [ ]  [ ]  Mathematics

 Yes No

 [ ]  [ ]  Standards Aligned

[ ]  [ ]  [ ]  Science

[ ]  [ ]  [ ]  Technology

[ ]  [ ]  [ ]  Fine Arts

[ ]  [ ]  [ ]  Social/Emotional Learning

[ ]  [ ]  [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Name:      Date:**

**PROGRAM COMPONENTS (continued)**

**Program documents reflecting:** [ ]  Mission [ ]  Focused, challenging goals [ ]  Continuous Improvement Strategies

[ ] Evaluation methods

**Academic Support (Aligned with Regular School Day):** - What steps have been taken to ensure

 alignment with the regular day program?

 [ ]  Tutoring [ ]  Extended Library Hours

 [ ]  Homework Assistance [ ]  Remediation Services

**Content-Rich, Engaging Enrichment Activities: Embedded Content-Evidence**

 [ ]  Fine Arts [ ]  Health and Nutrition

 [ ]  Recreation [ ]  Physical Fitness

 [ ]  Prevention [ ]  Career Preparation

 [ ]  Youth Development [ ]  Service Learning

 [ ]  Other (please describe):

**Yes No N/A** **Comments:**

[ ]  [ ]  [ ]  Nutritional Snack:

[ ]  [ ]  [ ]  Family Programs (21st CCLC requirement)

[ ]  [ ]  [ ]  Behavior Intervention strategy or program:

[ ]  [ ]  [ ]  English Language Learners

 - number served: #

[ ]  [ ]  [ ]  Students with Special Needs

 - number served: #

**Designated Facility (check all that apply):**

[ ]  Library [ ]  Computer Lab [ ]  Classroom [ ]  Multi-Purpose/Cafeteria [ ]  Other:

[ ]  Accessible [ ]  Safe [ ]  Instructional Technology (projectors, SMARTboards, microscopes connected to computers,etc)

**Site Name:      Date:**

**ATTENDANCE**

 **Guiding Questions / Comments:**

**Yes No N/A** - Are there issues with attendance at this site?

[ ]  [ ]  [ ]  Attendance Tracking Procedure in Place

[ ]  [ ]  [ ]  Emergency Contact Info available

[ ]  [ ]  [ ]  Early Release Policy in Place

[ ]  [ ]  [ ]  Transportation Provided

**Site Name:      Date:**

**NARRATIVE SUMMARY**

(Attach Additional Pages as Needed)

Overall Strengths of Program:

Yes No

 [ ]  [ ]  Supplemental Materials Collected? (If yes, please describe)

Recommendations (Specifically address academic, behavior, and/or attendance if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| **Identify Concerns/TA Needs** | **Strategies for Improvement** | **Responsibilities****(Who and What)** | **Target Dates** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Additional Comments/ Suggestions:

**Follow-up date:**

**Site Name:      Date:**