**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:**