

ANNUAL EVALUATION OF ACTIVITIES

Form G—Goals

School, Family, and Community Partnerships to Reach School Goals

This evaluation form helps an Action Team for Partnerships (ATP) discuss and assess its progress in implementing the engagement activities in its *One-Year Action Plan for Partnerships*. The first page helps an ATP consider the quality of the school's partnership program, overall, at the end of the school year. The other pages guide a simple inquiry process on how well each activity was implemented and whether and how to improve the design and conduct of each activity in the future. Each activity in the school's *One-Year Action Plan for Partnerships* should be assessed at the next ATP meeting after it is implemented. At the end of the school year, the completed *Annual Evaluation of Activities* will assist the ATP in deciding which activities to continue, omit, or improve in its plans for the next school year.

COMPLETE THIS PAGE AT THE END OF THE SCHOOL YEAR.

Complete all other pages after each activity is implemented throughout the year.

OVERALL PROGRAM EVALUATION

1. What has changed most in the past year as a result of the school's work on family and community involvement?

2. Overall, how does the ATP rate the quality of the school's program of school, family, and community partnerships?

This school's partnership program is

_____ WEAK/JUST STARTING: Not well developed; needs a great deal of work

_____ FAIR: Implemented, but needs improvement and expansion

_____ GOOD: Well developed, focused on school improvement goals, covers all six types of involvement, and addresses the needs of most families at most grade levels

_____ EXCELLENT: Well developed and well implemented, focused on school improvement goals, covers all six types of involvement, and addresses the needs of all families at all grade levels

3. ACTION TEAM FOR PARTNERSHIP (ATP). List the members of this year's ATP. Put a star (*) next to those completing their terms or leaving the school who will be replaced by new members.

ATP Members This School Year	Position (teacher, parent, administrator, etc.)	Role on Action Team (chair, co-chair, committee member, etc.)	*Need to Replace?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

If there are more than eight members on the ATP, continue on another page.

Goal 1—ACADEMIC: Which curricular goal for improving student learning and achievement was listed in the *One-Year Action Plan for Partnerships*?

PROGRESS IN REACHING ACADEMIC GOAL 1

Use *Excellent (E)*, *Good (G)*, *Fair (F)*, or *Poor (P)* to rate each **partnership activity** that has been implemented to help reach **Academic Goal 1**. As a team, discuss the next steps that should be taken to maintain and improve (or to discontinue) each activity in the next school year. Use additional pages if more than three family and community involvement activities were conducted to reach Academic Goal 1.

Partnership Activity	Action Team Planning How well was the activity planned?	Support How helpful were ATP members and others at the school?	Implementation How well was the activity implemented? Did it reach the target audience?	Results How well did the activity contribute to desired result(s) for Goal 1?
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1. _____

Will this involvement activity be continued in the next school year? **YES or NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

Partnership Activity	Action Team Planning	Support	Implementation	Results
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2. _____

Will this involvement activity be continued in the next school year? **YES or NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

Partnership Activity	Action Team Planning	Support	Implementation	Results
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3. _____

Will this involvement activity be continued in the next school year? **YES or NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

END-OF-YEAR REVIEW OF GOAL 1:
 Did family and community involvement contribute to results for Goal 1 this year? **YES or NO**
 Will this goal be continued in the new *One-Year Action Plan for Partnerships (Form G)* for the next school year? **YES or NO**

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Goal 2—ACADEMIC: Which curricular goal for improving student learning and achievement was listed in the One-Year Action Plan for Partnerships?

PROGRESS IN REACHING ACADEMIC GOAL 2

Use *Excellent (E)*, *Good (G)*, *Fair (F)*, or *Poor (P)* to rate each **partnership activity** that is implemented to help reach **Academic Goal 2**. As a team, discuss the next steps that should be taken to maintain and improve (or to discontinue) each activity in the next school year. Use additional pages if more than three family and community involvement activities were conducted to reach Academic Goal 2.

Partnership Activity	Action Team Planning How well was the activity planned?	Support How helpful were ATP members and others at the school?	Implementation How well was the activity implemented? Did it reach the target audience?	Results How well did the activity contribute to desired result(s) for Goal 2?
1. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will this involvement activity be continued in the next school year? **YES** or **NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

Partnership Activity	Action Team Planning	Support	Implementation	Results
2. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will this involvement activity be continued in the next school year? **YES** or **NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

Partnership Activity	Action Team Planning	Support	Implementation	Results
3. _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will this involvement activity be continued in the next school year? **YES** or **NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

END-OF-YEAR REVIEW OF GOAL 2:
 Did family and community involvement contribute to results for Goal 2 this year? **YES** or **NO**
 Will this goal be continued in the One-Year Action Plan for Partnerships (Form G) for the next school year? **YES** or **NO**

Goal 3—BEHAVIORAL:

Which goal for improving student behavior, attitudes, or other outcome was listed in the One-Year Action Plan for Partnerships?

PROGRESS IN REACHING BEHAVIORAL GOAL 3

Use *Excellent (E), Good (G), Fair (F), or Poor (P)* to rate each **partnership activity** that is implemented to help reach **Behavioral Goal 3**. As a team, discuss the next steps that should be taken to maintain and improve (or to discontinue) each activity in the next school year. Use additional pages if more than three family and community involvement activities were conducted to reach Behavioral Goal 3.

Partnership Activity	Action Team Planning How well was the activity planned?	Support How helpful were ATP members and others at the school?	Implementation How well was the activity implemented? Did it reach the target audience?	Results How well did the activity contribute to desired result(s) for Goal 3?
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1. _____

Will this involvement activity be continued in the next school year? **YES or NO**
If **NO**, why not? _____
If **YES**, what should be done to improve this activity? _____

Partnership Activity	Action Team Planning	Support	Implementation	Results
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2. _____

Will this involvement activity be continued in the next school year? **YES or NO**
If **NO**, why not? _____
If **YES**, what should be done to improve this activity? _____

Partnership Activity	Action Team Planning	Support	Implementation	Results
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3. _____

Will this involvement activity be continued in the next school year? **YES or NO**
If **NO**, why not? _____
If **YES**, what should be done to improve this activity? _____

END-OF-YEAR REVIEW OF GOAL 3:

Did family and community involvement contribute to results for Goal 3 this year? **YES or NO**
Will this goal be continued in the One-Year Action Plan for Partnerships (Form G) for the next school year? **YES or NO**

PROGRESS IN REACHING GOAL 4, WELCOMING CLIMATE

Use *Excellent (E), Good (G), Fair (F), or Poor (P)* to rate each **partnership activity** that is implemented to help reach **Goal 4, Welcoming Climate**. As a team, discuss the next steps that should be taken to maintain and improve (or to discontinue) each activity in the next school year. Use additional pages if more than three family and community involvement activities were conducted to reach Goal 4.

Partnership Activity	Action Team Planning How well was the activity planned?	Support How helpful were ATP members and others at the school?	Implementation How well was the activity implemented? Did it reach the target audience?	Results How well did the activity contribute to desired result(s) for Goal 4?
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1. _____

Will this involvement activity be continued in the next school year? **YES or NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

Partnership Activity	Action Team Planning	Support	Implementation	Results
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2. _____

Will this involvement activity be continued in the next school year? **YES or NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

Partnership Activity	Action Team Planning	Support	Implementation	Results
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3. _____

Will this involvement activity be continued in the next school year? **YES or NO**
 If **NO**, why not? _____
 If **YES**, what should be done to improve this activity? _____

END-OF-YEAR REVIEW OF GOAL 4:

Did family and community involvement contribute to results for Goal 4 this year? **YES or NO**
Will this goal be continued in the One-Year Action Plan for Partnerships (Form G) for the next school year? **YES or NO**