

## ANNUAL EVALUATION OF ACTIVITIES

### Form T-Types

#### School, Family, and Community Partnerships for the Six Types of Involvement

This annual report helps an Action Team for Partnerships (ATP) evaluate its progress in developing its comprehensive program of school, family, and community partnerships. The first page helps an ATP discuss and rate the quality of the school's partnership program overall. The other pages ask the ATP to consider how well *each* activity was implemented and how to improve activities in the next school year for the six types of involvement.

Each activity in the school's *One-Year Action Plan for Partnerships (Form T)* should be assessed at an ATP meeting after it is implemented. At the end of the school year, the completed *Annual Evaluation of Activities* should assist the ATP in deciding which activities to continue, omit, or improve in planning for the next school year.

#### COMPLETE THIS PAGE AT THE END OF THE SCHOOL YEAR.

Complete all other pages as the activities are 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?

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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.

## PROGRESS ON TYPE 1–PARENTING

Review each Type 1–Parenting activity in the *One-Year Action Plan for Partnerships (Form 7)* after it is implemented.

Use *Excellent (E)*, *Good (G)*, *Fair (F)*, or *Poor (P)* to rate each partnership activity that is implemented to strengthen Type 1–Parenting. 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 strengthen Type 1–Parenting.

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 1?
1. _____	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b>	<b>Support</b>	<b>Implementation</b>	<b>Results</b>
2. _____	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b>	<b>Support</b>	<b>Implementation</b>	<b>Results</b>
3. _____	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" 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 TYPE 1:**  
 Did family and community involvement contribute to desired results listed for Type 1 in the *One-Year Action Plan for Partnerships*? **YES** or **NO** \_\_\_\_\_  
 Which Type 1–Parenting activities should be added next year? \_\_\_\_\_

## PROGRESS ON TYPE 2-COMMUNICATING

**Review each Type 2-Communicating activity listed in the One-Year Action Plan for Partnerships (Form T) after it is implemented.**

Use *Excellent (E)*, *Good (G)*, *Fair (F)*, or *Poor (P)* to rate each **partnership activity** that is implemented to strengthen **Type 2-Communicating**. 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 strengthen Type 2-Communicating.

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 2?
1. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 2?
2. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 2?
3. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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 TYPE 2:**

**Did family and community involvement contribute to desired results listed for Type 2 in the One-Year Action Plan for Partnerships? YES or NO**  
**Which Type 2-Communicating activities should be added next year?** \_\_\_\_\_

## PROGRESS ON TYPE 3–VOLUNTEERING

Review each Type 3–Volunteering activity in the One-Year Action Plan for Partnerships (Form T) after it is implemented.

Use *Excellent (E)*, *Good (G)*, *Fair (F)*, or *Poor (P)* to rate each partnership activity that is implemented to strengthen Type 3–Volunteering. 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 strengthen Type 3–Volunteering.

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 3?
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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b>	<b>Support</b>	<b>Implementation</b>	<b>Results</b>
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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b>	<b>Support</b>	<b>Implementation</b>	<b>Results</b>
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 TYPE 3:

Did family and community involvement contribute to desired results listed for Type 3 in the One-Year Action Plan for Partnerships? **YES or NO**  
Which Type 3–Volunteering activities should be added next year? \_\_\_\_\_

## PROGRESS ON TYPE 4–LEARNING AT HOME

Review each **Type 4–Learning at Home** activity in the *One-Year Action Plan for Partnerships (Form T)* after it is implemented.

Use *Excellent (E)*, *Good (G)*, *Fair (F)*, or *Poor (P)* to rate each **partnership activity** that is implemented to strengthen **Type 4–Learning at Home**. 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 strengthen Type 4–Learning at Home.

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 4?
1. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b>	<b>Support</b>	<b>Implementation</b>	<b>Results</b>
2. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b>	<b>Support</b>	<b>Implementation</b>	<b>Results</b>
3. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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 TYPE 4:**

Did family and community involvement contribute to desired results listed for Type 4 in the *One-Year Action Plan for Partnerships*? **YES** or **NO**  
Which Type 4–Learning at Home activities should be added next year? \_\_\_\_\_

## PROGRESS ON TYPE 5–DECISION MAKING

Review each Type 5–Decision Making activity in the *One-Year Action Plan for Partnerships (Form T)* after it is implemented.

Use *Excellent (E)*, *Good (G)*, *Fair (F)*, or *Poor (P)* to rate each partnership activity that is implemented to strengthen Type 5–Decision Making. 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 strengthen Type 5–Decision Making.

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 5?
1. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 5?
2. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 5?
3. _____ _____	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" 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 TYPE 5:**

Did family and community involvement contribute to desired results listed for Type 5 in the *One-Year Action Plan for Partnerships*? **YES** or **NO**  
 Which Type 5–Decision Making activities should be added next year? \_\_\_\_\_

## PROGRESS ON TYPE 6–COLLABORATING WITH THE COMMUNITY

Review each Type 6–Collaborating with the Community activity in the *One-Year Action Plan for Partnerships (Form T)* after it is implemented.

Use *Excellent (E), Good (G), Fair (F), or Poor (P)* to rate each partnership activity that is implemented to strengthen Type 6–Collaborating With the Community. 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 strengthen Type 6–Collaborating with the Community.

<b>Partnership Activity</b>	<b>Action Team Planning</b> How well was the activity planned?	<b>Support</b> How helpful were ATP members and others at the school?	<b>Implementation</b> How well was the activity implemented? Did it reach the target audience?	<b>Results</b> How well did the activity contribute to desired result(s) listed for Type 6?
1. _____ _____	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b>	<b>Support</b>	<b>Implementation</b>	<b>Results</b>
2. _____ _____	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" 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? \_\_\_\_\_

<b>Partnership Activity</b>	<b>Action Team Planning</b>	<b>Support</b>	<b>Implementation</b>	<b>Results</b>
3. _____ _____	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" 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 TYPE 6:**

Did family and community involvement contribute to desired results listed for Type 6 in the *One-Year Action Plan for Partnerships*? **YES or NO**  
Which Type 6–Parenting activities should be added next year? \_\_\_\_\_