Expelled and At-Risk Student Services (EARSS) Grant
2013-14 END-OF-YEAR REPORTING SURVEY

Directions

EARSS Grantees are asked to complete the following end-of-year evaluation survey. The results of the survey will help inform management of the EARSS program. ***The reporting period is July 1, 2013 through June 30, 2014***. Please only report on the number of students served and activities provided during this time period. A guidance document to help you fill out this survey can be found on [http://www.cde.state.co.us/dropoutprevention/earss_evaluation].

Questions on the evaluation survey can be directed to: Juliana Rosa, Rosa_J@cde.state.co.us or Janelle Krueger, Krueger_j@cde.state.co.us.

Please also submit the following files by **July 15, 2014**
- This completed form
- Completed spreadsheet of the State Assigned Student Identifiers (SASIDS)- http://www.cde.state.co.us/DropoutPrevention/EARSS_Evaluation.htm .
- Budget

Information on how to submit these forms is to come.

Thank You!

Section I: Contract and Grant Information
a) Grantee: Click here to enter grantee name.
b) Name of Program: Click here to enter program name.
c) District Code or Facility School Code: Click here to enter code.
d) Name of Contact: Click here to enter name.
e) Contact Phone Number: Click here to enter phone number.
f) Email: Click here to enter email address.

g) Survey covers which year of the 4-year grant?:
  ☐1st Year
  ☐2nd Year
  ☐3rd Year
  ☐4th year

h) **Anticipated number of first-year served students:** How many students did you anticipate serving in the first year of this grant?: Click here to enter number

i) Please note if there are any changes to the above information: Click here to enter changes.

Updated May 7, 2014

Section II: Students Served

Q1. How many students have you served in your program from July 1st through June 30th? Click here to enter number.

Q2. In the next set of questions, students served can only be counted once, either as "expelled" or "at-risk of expulsion."

2a. Of the above number indicated in Q1, how many expelled students has your program served? Click here to enter number.

2b. Of the above number indicated in Q1, how many at-risk students has your program served? Click here to enter number.

2c. Of the above number indicated in Q1, how many high school (9th to 12th grade) students has your program served? Click here to enter number.

Section III: Expelled Students

Q3. **Reason for Expulsion**: Of the students you served July 1st through June 30th, how many were officially expelled for the following reasons: (*record only one reason per student AND must equal total indicated in Q2a*)

Official Reason	Expelled Number of Students
a) Drug violation	Click here to enter number.
b) Marijuana violation	Click here to enter number.
c) Alcohol violation	Click here to enter number.
d) 1st, 2nd degree or vehicular assault	Click here to enter number.
e) 3rd degree assaults/disorderly conduct	Click here to enter number.
f) Dangerous weapons	Click here to enter number.
g) Robbery	Click here to enter number.
h) Other felonies	Click here to enter number.

Updated May 7, 2014

i) Disobedient/defiant or repeated interference	Click here to enter number.
j) Detrimental behavior	Click here to enter number.
k) Destruction of school property	Click here to enter number.
l) Other violation of code of conduct	Click here to enter number.
*Please explain other types of code of conduct violation not listed above: Click here to enter text.	

Q4. Of the expelled students served July 1st through June 30th, how many of their parents/guardians did you serve? Click here to enter number.

Section IV: At-risk students

Q5. Reason for Participation: Of the at-risk students you served July 1st through June 30th, how many were at risk of expulsion or suspension for the following reasons: (*record only one reason per student AND must equal total indicated in Q2b*).

Official Reason	**At-Risk Number of Students**
a) Alcohol, tobacco or other drug use	Click here to enter number.
b) Marijuana	Click here to enter number.
c) Destruction or defacement of school property/vandalism	Click here to enter number.
d) Detrimental behavior which creates a threat to the welfare or safety of other students or school personnel (includes bullying and threat of physical harm)	Click here to enter number.
e) Fights or other violent behavior	Click here to enter number.
f) Robbery/theft/stealing	Click here to enter number.
g) Sexual harassment/sexual assault	Click here to enter number.
h) Truancy	Click here to enter number.
i) Willfully disobedient and openly and persistently defiant or repeatedly interfering with the school's ability to provide educational opportunities to and a safe environment for other students	Click here to enter number.

j) Expelled and/or suspended and transferred to Facility School	Click here to enter number.

Q6. Of the at-risk students served July 1st through June 30th, how many of their parents/guardians did you serve? Click here to enter number.

Section V: Program Strategies and Services:

Q7. What strategies and programs were used July 1st through June 30th to serve participating students? (fill response below)

- **Column 1 and 2 -** *Please check all strategies and programs that participants used July 1st through June 30th*

- **Column 3 –** *Please check which programs and strategies were used and which was funded with EARSS grant dollars*

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Category	(1) Expelled	(2) At- Risk	(3) Funded by EARSS Grant
Academic and Attendance Strategies			
a) Credit recovery	☐	☐	☐
b) Extended day learning (Before and After school opportunities)	☐	☐	☐
c) GED preparation/classes	☐	☐	☐
d) Online and technology based learning	☐	☐	☐
e) Tutoring	☐	☐	☐
f) Service Learning	☐	☐	☐
g) Attendance contracts	☐	☐	☐
h) Behavioral plans for habitually truant students.	☐	☐	☐
i) Court mandated case management	☐	☐	☐

Updated May 7, 2014

j) Diversion from truancy court	☐	☐	☐
k) Student Attendance Review Board (SARB)	☐	☐	☐
Social Emotional Behavioral Support			
l) Character education and social skill building	☐	☐	☐
m) Mental health services/ counseling	☐	☐	☐
n) Restorative justice for discipline problems	☐	☐	☐
o) Certified Addictions Counselor (CAC) services (drug/ alcohol/ substance abuse treatment)	☐	☐	☐
p) Wraparound case management	☐	☐	☐
Systems Approaches			
q) Culturally responsive interventions	☐	☐	☐
r) Multi-tiered system of support	☐	☐	☐
s) Positive staff-student mentoring and relationships	☐	☐	☐
t) Professional development days	☐	☐	☐
u) Individual Career and Academic Plans (ICAP)	☐	☐	☐
v) Transition Planning/ Staffing from facility to school	☐	☐	☐
w) Postsecondary Preparation	☐	☐	☐
x) Model Program- *Please list the model program that your program is using here:* Click here to enter text.	☐	☐	☐
y) Other (please describe): Click here to enter text.			

Q8. *OPTIONAL***:** Of the strategies/programs listed above, list the most effective strategies in achieving successful outcomes for students served with EARSS funds <u>in order of effectiveness.</u> *Please list up to three*.

    1) Click here to enter text.
    2) Click here to enter text.

3) Click here to enter text.

Family/School Partnering:

Q9. Please describe the parent/family supports, services and interventions provided as part of your program (*50 words or less*): Click here to enter text.

Q10. Using the rating scale below, please select the answer that best describes the level of activity in each area

Standards for Family-School Partnerships	**Level of Activity** 1- Not occurring 2- Rarely occurs 3- Occasionally occurs 4 - Frequently occurs
a) **Welcoming all families into the school community**—Families are active participants in the life of the school, and feel welcomed, valued, and connected to each other, to school staff, and to what students are learning and doing in class.	*Select one* ☐1- Not occurring ☐2- Rarely occurs ☐ 3- Occasionally occurs ☐4 - Frequently occurs
b) **Communicating effectively**—Families and school staff engages in regular, two-way, meaningful communication about student learning.	*Select one* ☐1- Not occurring ☐2- Rarely occurs ☐ 3- Occasionally occurs ☐4 - Frequently occurs
c) **Supporting student success**—Families and school staff continuously collaborate to support students' learning and healthy development both at home and at school, and have regular opportunities to strengthen their knowledge and skills to do so effectively.	*Select one* ☐1- Not occurring ☐2- Rarely occurs ☐ 3- Occasionally occurs ☐4 - Frequently occurs
d) **Speaking up for every child**—Families are empowered to be advocates for their own and other children, to ensure that students are treated fairly and have access to learning opportunities that will support their success.	*Select one* ☐1- Not occurring ☐2- Rarely occurs ☐ 3- Occasionally occurs ☐4 - Frequently occurs

e) **Sharing power**—Families and school staff are equal partners in decisions that affect children and families and together inform, influence, and create policies, practices and programs.	*Select one* ☐1- Not occurring ☐2- Rarely occurs ☐ 3- Occasionally occurs ☐4 - Frequently occurs
f) **Collaborating with community**—Families and school staff collaborate with community members to connect students, families and staff to expanded learning opportunities, community services and civic participation.	*Select one* ☐1- Not occurring ☐2- Rarely occurs ☐ 3- Occasionally occurs ☐4 - Frequently occurs

Q11: *OPTIONAL***:** Please describe a formal collaboration that is vital to your program's success.

- Name of Partner Click here to enter partner name.

- Describe support provided by partner Click here to enter text.

- Example of result. Click here to enter example.

Q12. *OPTIONAL***:** Please share a **parent's/family's success story** from your program. Do not use real names**.** The success should be related to the services made possible by the EARSS grant. Based on your story please include the following.
 - Parent's/ Family's circumstances (expelled or at-risk) Click here to enter text.
- Program intervention/services provided Click here to enter text.
- Describe the success Click here to enter text.

Section VI: Student and Parent Outcomes

Q13. Student Outcomes. Of the total number of students served, indicate their status as of June 30th. Please report primary outcome, based on type of student served (*Expelled column must equal to Q2a AND At-Risk column must equal Q2b*).

Outcomes	Expelled	At-Risk
a) **Will continue** in EARSS program	Click here to enter number.	Click here to enter number.
b) **Refused services** from EARSS program but returned to or continued at original school	Click here to enter number.	Click here to enter number.

c) **Successfully completed** the EARSS program and remains in school	Click here to enter number.	Click here to enter number.
d) **Completed expulsion** and transitioned back to original school	Click here to enter number.	Click here to enter number.
e) **Facility School Only:** Transitioned to district school or another facility school	Click here to enter number.	Click here to enter number.
f) **Transferred to another school district** in Colorado, another state or country	Click here to enter number.	Click here to enter number.
g) **Transferred to detention center**	Click here to enter number.	Click here to enter number.
h) **Home-schooled**	Click here to enter number.	Click here to enter number.
i) **Discontinued schooling/dropped out**	Click here to enter number.	Click here to enter number.
j) **K-6 student exited to an unknown educational setting/status.**	Click here to enter number.	Click here to enter number.
k) **Expulsion, No Services**	Click here to enter number.	Click here to enter number.
l) **Expulsion Receiving Services**	Click here to enter number.	Click here to enter number.
m) **GED Transfer**	Click here to enter number.	Click here to enter number.
n) **General Education Development Certificate (GED)**	Click here to enter number.	Click here to enter number.

o) **Transfer to a Career and Technical (vocational) Education program administered by a Colorado school district, BOCES or other institution** that leads to a certificate or other evidence of completion.	Click here to enter number.	Click here to enter number.
p) **Graduated with regular diploma**	Click here to enter number.	Click here to enter number.

Q14. *OPTIONAL*: Please comment on student outcomes: Click here to enter text.

Q15. *OPTIONAL*: Please share a **student's success story** from your program. Do not use the student's real name. The success should be related to the services made possible by the EARSS grant. Based on your story please include the following.
- Student's circumstances (expelled or at-risk) Click here to enter text.
- Program intervention/services provided Click here to enter text.
- Describe the success Click here to enter text.

Performance Measures

Objectives - *Objectives are pre-populated from application or from reports.*

Please indicate progress in meeting your objectives in each of the following categories:

Q16. Parent Focused Objective

16a Parent-Focused Objective 1:

16b. Report Progress on Objective (*select one*)
☐Exceeded goal
☐Met goal
☐Making progress
☐Not making progress

16c. Parent-Focused Objective 2:

16d. Report Progress on Objective (*select one*)
☐Exceeded goal
☐Met goal
☐Making progress
☐Not making progress

16e. Please check <u>primary</u> indicator(s) being used to track progress. (*Check up to three indicators).*

☐Assessed improvement (pre-posttest, family functioning assessment, Nurturing Parent Program surveys…)
☐Completion of specialized program (parenting class, parent education workshops, ART, PEP)
☐Increased parent's/guardian's participation in school activities
☐Improved family functioning (observation/anecdotal evidence such as, family participated in counseling, unemployed parent obtained a job, and family is problem solving issues related to bedtime routines, homework, child care, transportation…)
☐Observed behavior improvement and/or reports by school staff and/or student
☐Parent/family follow-up on referrals to services.
☐Other (*please describe*) Click here to enter text.

16f. Please describe special circumstances that have positively affected progress on achieving your parent focused objectives: Click here to enter text.

16g. Please describe issues that have negatively affected progress on achieving your parent focused objectives: Click here to enter text.

16h. Of the parents served, how many improved ability to support their child's learning? Click here to enter number.

Q17. Academic Performance Objective

17a. Academic Objective 1:

17b. Report Progress on Objective (*select one*)
☐Exceeded goal
☐Met goal
☐Making progress
☐Not making progress

17c. Academic Objective 2:

17d. Report Progress on Objective (*select one*)
☐Exceeded goal
☐Met goal
☐Making progress
☐Not making progress

17e. Please check <u>primary </u>indicator(s) being used to track progress. (*Check up to three indicators).*
☐Formally assessed improvement (CSAP, MAP, DIBELS…)
☐Completion of coursework or class with a passing grade
☐Credit recovery successfully completed

☐Reduction of failing grades in core classes
☐GPA increased to 2.0 or above monthly progress reports
☐Portfolio/transcript review
☐Report card comparison (baseline to Year-End)
☐Other (*please describe*) Click here to enter text.

17f. Please describe special circumstances that have positively affected progress on achieving your academic performance objectives: Click here to enter text.

17g. Please describe issues that have negatively affected progress on achieving your academic performance objectives: Click here to enter text.

Q18. Attendance Performance Objective

18a. Attendance Objective 1:

18b. Report Progress on Objective (*select one*)
☐Exceeded goal
☐Met goal
☐Making progress
☐Not making progress

18c. Attendance Objective 2:

18d. Report Progress on Objective (*select one*)
☐Exceeded goal
☐Met goal
☐Making progress
☐Not making progress

18e. Please check <u>primary</u> indicator(s) being used to track progress. (*Check up to three indicators).*

☐Attendance comparison (baseline to Year-End)
☐Average daily attendance improvement
☐Monitor attendance daily/weekly
☐Satisfactory attendance based on program guidelines/plan
☐Completion of specialized program (Truancy prevention, diversion…)
☐Other (*please describe)* Click here to enter text.

18f. Please describe special circumstances that have positively affected progress on achieving your attendance objectives: Click here to enter text.

18g. Please describe issues that have negatively affected progress on achieving your attendance objectives: Click here to enter text.

Q19. Safety and Discipline Performance Objective

19a.Safety/Discipline Objective 1:

19b. Report Progress on Objective (*select one*)
☐Exceeded goal
☐Met goal
☐Making progress
☐Not making progress

19c. Safety/Discipline Objective 2:

19d. Report Progress on Objective (*select one*)
☐Exceeded goal
☐Met goal
☐Making progress
☐Not making progress

19e. Please check <u>primary</u> indicator(s) being used to track progress. (*Check up to three indicators*).
☐Discipline/Referral comparison from baseline to year-end
☐Suspension decline (in-school and out of school)
☐Expulsions decline
☐Satisfactory progress in behavior/conduct per plan/agreement
☐Completion of specialized program (bullying prevention, restorative justice…)
☐Formally assessed improvement (pre-posttest, surveys)
☐Report by mental health professionals
☐Other (*please describe*) Click here to enter text.

19f. Please describe special circumstances that have positively affected progress on achieving your safety/discipline objectives: Click here to enter text.

19g. Please describe issues that have negatively affected progress on achieving your safety/discipline objectives: Click here to enter text.

Section VII. Progress Indicator Questions for EARSS Program Serving High School Students. (*This section is only for EARSS grantees serving students in grades 9-12 only*).

Q20a. Out of the number of high school students served by the EARSS program, how many began the school year behind their expected age, grade, and credit accumulation to graduate with a regular diploma? Click here to enter number.

Q20b. Of these students, how many earned one half or more of the credits they need to get on track to graduate? Click here to enter number

Q21a. How many high school students served by the EARSS program at the beginning of the school year were on track with credit accumulation to graduate? Click here to enter number.

Q21b. Of these students, how many remained on track to graduate? Click here to enter number

Q22. What is the total number of credits required to receive a diploma from your high school? Click here to enter number.

Q23. *OPTIONAL*: Provide a narrative description or link to a webpage that provides this information for your school/district/BOCES. This information should outline the courses and credits needed to be on track to graduate. Click here to enter text.

Section VIII: Sustainability and Capacity Building

Q24. For Public schools/districts only:

> **24a.**   Amount of Per Pupil Revenue you have recaptured for your district by keeping these students in your program or school? Click here to enter number.

> **24b.** The amount of PPR recaptured should be determined by counting the number of students that meet specific criteria for re-engaged and then multiply that number by the states base amount of funding for each pupil (which in 2013-14 was $5,954.28.) Click here to enter number.

> **24c. For Public schools:** What is the percentage of recaptured Per Pupil Operating Revenue you will re-invest in the program? (Non-public schools – enter N/A) Click here to enter number.

Q25. Actions Taken for Sustainability.

Updated May 7, 2014

25a. Please describe action that has been taken to sustain your program – (*Check all that apply).*

☐Applied for grants
☐Building Capacity through Professional Development
☐Budget line items specified
☐Board member presentation(s) on EARSS results
☐Formed/Secured Community partnerships for wrap around/ case management services
☐Federal grant dollars reinvested
☐Meeting with Title I coordinator to discuss future funding of EARSS strategies
☐Meeting with private foundations to discuss future funding of EARSS strategies
☐Elementary and Secondary Education Act Titles I, II, IVB, Title10 partnerships
☐Linking EARRS work to outside financial support money coming to the district
☐Recaptured Per Pupil Revenue to be re-invested in your EARSS-funded strategies
☐Shared EARSS results with district administrators
☐Training related to EARSS strategies have been institutionalized
☐Developed written sustainability plan
☐Other (*please describe*) Click here to enter text.

Q26. Training and Technical Assistance Questions:

26a. Please indicate your needs for technical assistance from CDE from the following list. (*Check all that apply).*

☐Visits from CDE staff or consultants
☐Statewide meeting with other programs
☐Regional meetings with other programs
☐Referrals to similar programs
☐Technical assistance by phone
☐Technical assistance by e-mail
☐Webinar
☐Other (*please describe*) Click here to enter text.

26b. Check topics of interest for additional training/technical assistance. (*Check all that apply).*

☐Alternative education
☐Behavior plans for habitually truant students
☐Closing the achievement gap (income and race)
☐Cultural Competency
☐Parent/family partnering
☐Postsecondary Readiness and Planning
☐Positive Behavior Intervention and Support/Response to Intervention
☐Service Learning

Updated May 7, 2014

☐Sustainability planning (includes using data, program improvement, fund development…)
☐Welcoming School Climate/School Engagement
☐Other (*please describe*) Click here to enter text.

Q27. Attention – Program finishing their 4th year of EARSS funding: Please outline your plan to continue strategies and program in 2014-15. (*Limit of 300 words*): Click here to enter text.

Section IX: Continuation Application

Q28. Has your program changed or been revised from your original application? (*select one*)
☐Yes
☐No

 If yes, please provide a short abstract of your current program. (*fewer than 50*)
Click here to enter text.

Q29. Measureable Objectives* - List each program objectives identified for the 2014-15 fiscal year

29a. Parent-focused objective Click here to enter text.

29b. (as applicable): Parent-focused objective Click here to enter text.

29c. Academic objective Click here to enter text.

29d. (as applicable): Academic objective Click here to enter text.

29e. Attendance objective: Click here to enter text.

29f. (as applicable): Attendance objective Click here to enter text.

29g. Safety/Discipline may address social/emotional objectives Click here to enter text.

29h. (as applicable): Safety/Discipline may address social/emotional objectives:
Click here to enter text.

29i. *OPTIONAL*: Please describe best practices, activities, and/or strategies that will ensure attainment of program objectives. Click here to enter text.

Q30. Did you receive assistance from your local BOCES to write this continuation application? (*select one*)

☐Yes

☐No

Electronic budget spreadsheets are due July 15 via email.

Q31. Required Budget narrative:

31a. Describe below how the requested budget supports attainment of measurable objectives in Section VII. B. This information should be aligned with line items expenses listed in the EARSS budget spreadsheet. Click here to enter text.

31b. The maximum award for 2014-2015 is $.   If this amount does not match your records, please contact: Janelle Krueger at Krueger_j@cde.state.state.us or call: 303-866-6750.

Q32. Required: Provide a budget narrative below for the line items listed in the EARSS budget spreadsheet. **Note*: The End of Year / Continuation budget spreadsheets are also due July 15, 2014. Click here to enter text.

Q33. Required: Please describe below the non-grant dollars (in-kind) that will support the program in the next year. Click here to enter text.

Required
(To Obtain Benefit)
FORM # DPSE-108
EDAC APPROVED
Approved 5/2/2014 for 2013-2014