

## Supplemental Program Information Fall 2004

Program: \_\_\_\_\_

Director: \_\_\_\_\_

Date: \_\_\_\_\_

### Current Year's Program Information

**2004-2005** Program Hours:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_

**Fall 2004** Start Date: \_\_\_\_\_ **Spring 2005** End Date: \_\_\_\_\_

### 2004-2005 Program Enrollment

GRADES	NUMBER OF PROGRAM PARTICIPANTS
Pre-K	
K	
1 <sup>st</sup>	
2 <sup>nd</sup>	
3 <sup>rd</sup>	
4 <sup>th</sup>	
5 <sup>th</sup>	
6 <sup>th</sup>	
7 <sup>th</sup>	
8 <sup>th</sup>	
<b>Total Number of Students</b>	

**TOTAL Number of STAFF (paid AND volunteer):** \_\_\_\_\_

**Ethnicity/Race of Students Who Attend the Program**

<b>Ethnicity</b>	<b>% Program Participants</b>
<b>% White, Not Hispanic</b>	
<b>% African-American</b>	
<b>% Asian</b>	
<b>% Hispanic/Latino</b>	
<b>% American Indian</b>	
<b>% Other</b>	
<b>Total</b>	<b>100%</b>

**Budget Information**

Please fill in the boxes that best describe your major funding sources. Percentages should add up to 100%.

Annual budget for 2004-2005: \$_____
--------------------------------------

<b>Funding Sources</b>	<b>Approximate PERCENT of total budget</b>
School district	
Local government	
State government	
Federal government	
-21st CCLC	(_____)
-GEAR UP	(_____)
-Title 1	(_____)
-Safe and Drug Free Schools	(_____)
-Other Federal funds	(_____)
<b>Federal government total</b>	
National foundation	
Local foundation	
Private donor or Corporation	
Subcontractor	
Child fees	
Other: _____	
<b>TOTAL</b>	<b>100%</b>

Please add all federal government percentages together & enter number here

## 4<sup>th</sup> & 5<sup>th</sup> GRADE STAFF INFORMATION FORM

Please complete the following information regarding the program director/coordinator and **EACH STAFF** member who **works with 4<sup>th</sup> & 5<sup>th</sup> grade students at the program at least 30 minutes per week.** **Include all paid staff, contracted providers, volunteers, and any others.**

Please use the code numbers **shown on the next page** to complete the shaded columns. Use additional pages if necessary.

Name	# days worked per week	# hours worked per week	Length of time with the after-school program	Paid by program  Yes/No	Primary role at program	Highest level of education	Certified in school-age child care, child development  Yes/No	Certified school teacher  Yes/No	Employed at partner school  Yes/No	Role at partner school
1. [director/coordinator]			___ yrs. ___ mos.							
2.			___ yrs. ___ mos.							
3.			___ yrs. ___ mos.							
4.			___ yrs. ___ mos.							
5.			___ yrs. ___ mos.							
6.			___ yrs. ___ mos.							
7.			___ yrs. ___ mos.							
8.			___ yrs. ___ mos.							
9.			___ yrs. ___ mos.							
10.			___ yrs. ___ mos.							
11.			___ yrs. ___ mos.							
12.			___ yrs. ___ mos.							
13.			___ yrs. ___ mos.							
14.			___ yrs. ___ mos.							
15.			___ yrs. ___ mos.							

## 7<sup>th</sup> & 8<sup>th</sup> GRADE STAFF INFORMATION FORM

Please complete the following information regarding the program director/coordinator and **EACH STAFF** member who works with 7<sup>th</sup> & 8<sup>th</sup> grade students at the program at least 30 minutes per week. **Include all paid staff, contracted providers, volunteers, and any others.**

Please use the code numbers **shown on the next page** to complete the shaded columns. Use additional pages if necessary.

Name	# days worked per week	# hours worked per week	Length of time with the after-school program	Paid by program	Primary role at program	Highest level of education	Certified in school-age child care, child development	Certified school teacher	Employed at partner school	Role at partner school
				Yes/No			Yes/No	Yes/No	Yes/No	
1. [director/coordinator]			___ yrs. ___ mos.							
2.			___ yrs. ___ mos.							
3.			___ yrs. ___ mos.							
4.			___ yrs. ___ mos.							
5.			___ yrs. ___ mos.							
6.			___ yrs. ___ mos.							
7.			___ yrs. ___ mos.							
8.			___ yrs. ___ mos.							
9.			___ yrs. ___ mos.							
10.			___ yrs. ___ mos.							
11.			___ yrs. ___ mos.							
12.			___ yrs. ___ mos.							
13.			___ yrs. ___ mos.							
14.			___ yrs. ___ mos.							
15.			___ yrs. ___ mos.							

## Codes for Staff Information Form

### **ROLE IN AFTER-SCHOOL PROGRAM**

- 1 = director/co-director
- 2 = assistant director
- 3 = activity leader
- 4 = activity assistant
- 5 = contractor (subcontractor)
- 6 = tutor
- 7 = office staff/ administrative
- 8 = teen-age staff (high school age)
- 9 = other professional staff (case manager, on-site monitor, guidance, academic advisor)
- 10 = other

### **HIGHEST LEVEL OF EDUCATION**

- 1 = less than high school
- 2 = high school degree
- 3 = some college (has not graduated)
- 4 = community college/tech school (completed an Associate's Degree)
- 5 = Bachelor's degree
- 6 = Master's or other graduate degree

### **Role in Partner School**

- 1 = teacher
- 2 = teacher aide/assistant/paraprofessional
- 3 = tutor
- 4 = other professional staff (dean, counselor, parent outreach, youth development coordinator)
- 5 = other (custodian, secretary, crossing guard)