## SY 2015-16 Evaluation Template

**Submission Dates:** **1st:** October 15th **2nd:** December 30th **3rd:** May 30th

**Submit Template:** Document can be uploaded into Native Star File Cabinet, Upload Instructions can be found on the

 BIE website under Supplemental Programs (Title)----Title XC McKinney-Vento Homeless

 Education Act Link: <http://www.bie.edu/Programs/supprog/TitleXC/index.htm>

Please note that the items in **BOLD** are information in NASIS.

1. School: Date:
2. Name of Person Completing Template: Phone:
3. Name of School’s Local Liaison: Phone:
4. Local Liaison’s Email Address:
5. For what grade levels do you provide services that are specifically targeted for homeless students?

\_\_\_\_\_\_\_\_\_\_ Elementary (K-5) \_\_\_\_\_\_\_\_\_\_ High School (9-12) \_\_\_\_\_\_\_\_\_\_ Middle/Junior High (6-8) \_\_\_\_\_\_\_\_\_\_ Other

1. Total number of students identified at the beginning of SY 2015-16 (10/15/2015):
2. Total number of students identified at the middle of SY 2015-16 (12/30/15):
3. Total number of students identified at the middle of SY 2015-16 (5/30/2015):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (PreK-12) | **Male** | **Female** | Public Shelter | Private Shelter | “Doubling Up”Family lives with extended family, friends, or non-relatives | Other(Cars, Motels, Campgrounds, Substandard home, etc.) |
| Pre-K |  |  |  |  |  |  |
| K-5 |  |  |  |  |  |  |
| 6-8 |  |  |  |  |  |  |
| 9-12 |  |  |  |  |  |  |

1. The Problems and Barriers with enrolling Homeless Children and Youth in schools

Please **ESTIMATE** in the table below the percentage of homeless students who experienced difficulties with the identified enrollment requirements for this reporting period.

|  |  |  |  |
| --- | --- | --- | --- |
| Enrollment Requirements/Ratings | % of StudentsBOY 10/15/2015 | % of StudentsMOY 12/30/2015 | % of StudentsEOY 5/30/2016 |
| Birth Certificates |  |  |  |
| **Proof of custody** |  |  |  |
| **Physical examination records** |  |  |  |
| **Immunization records** |  |  |  |
| **Prior school records (including IEPs)** |  |  |  |
| Parental Issues/Follow-up |  |  |  |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

1. Educational and School Related Services

List the number of homeless students who received the following services.

|  |  |  |  |
| --- | --- | --- | --- |
| Educational and School-Related Services | # of StudentsBOY 10/15/2015 | # of StudentsMOY 12/30/2015 | # of StudentsEOY 5/30/2016 |
| Tutoring/remedial programs |  |  |  |
| **Special Education Programs** |  |  |  |
| Counseling |  |  |  |
| **Free lunch/breakfast** |  |  |  |
| School supplies |  |  |  |
| Preschool Programs Assistance |  |  |  |

1. Coordinator/Liaison Activities

**ESTIMATE**the percentage of time dedicated by the Coordinator/Liaison to the activities in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Coordinator/Liaison Activities | % of TimeBOY 10/15/2015 | % of TimeMOY 12/30/2015 | % of TimeEOY 5/30/16 |
| Staff development |  |  |  |
| Parent training/involvement |  |  |  |
| Policy revision to facilitate enrollment |  |  |  |
| Case management (to facilitate enrollment, records transfer) |  |  |  |
| Coordination with other programs |  |  |  |
| Other activities (please specify) |  |  |  |

1. What particular success have you experienced in providing services during this reporting period?
2. What particular problems have you encountered in providing services during this reporting period?
3. Additional Comments: