



# Donna Independent School District Supplemental Academic Programs Evaluation

Name of Administrator:

Department/Campus:

Program Type:

Funding Source(s)

☐ 211☐ 164☐ 199☐ 168☐ 162☐ 263☐ 212☐ Other

Program Name

Date Submitted:

Total Cost:

Program Start Date:

Program End Date:

**Goals to be addressed by your program:** List all goals you plan to attained through the used of this program. Each goal should be measurable with appropriate percentages.

Goal:

DIP/CIP Alignment

**Objectives:** For each goal, what do you hope to accomplish by implementing this program? What is the "end result" you hope to see?

**Indicators of your progress in meeting those objectives:** How will you know if your program has been successful in meeting each objective? That is, what outcome or level of increase do you expect?

**Target Audience(s):** Who is your target audience? How many students, staff, and/or parents do you expect to serve?

Grade Level (s)

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> PK             | <input type="checkbox"/> K         |
| <input type="checkbox"/> 1              | <input type="checkbox"/> 2         |
| <input type="checkbox"/> 3              | <input type="checkbox"/> 4         |
| <input type="checkbox"/> 5              | <input type="checkbox"/> 6         |
| <input type="checkbox"/> 7              | <input type="checkbox"/> 8         |
| <input type="checkbox"/> 9              | <input type="checkbox"/> 10        |
| <input type="checkbox"/> 11             | <input type="checkbox"/> 12        |
| <input type="checkbox"/> Post Secondary | <input type="checkbox"/> Community |
| <input type="checkbox"/> Teachers       |                                    |

Special Population(s)

- |   |
|---|
| <input type="checkbox"/> Title 1                    |
| <input type="checkbox"/> Migrant                    |
| <input type="checkbox"/> Gifted & Talented          |
| <input type="checkbox"/> Special Education          |
| <input type="checkbox"/> Bilingual/ESL              |
| <input type="checkbox"/> At Risk                    |
| <input type="checkbox"/> Economically Disadvantaged |
| <input type="checkbox"/> 504                        |
| <input type="checkbox"/> Career & Technology        |
| <input type="checkbox"/> Fine Arts                  |

**Data Collection:** What records or information will you need to evaluate this program? Where is the information located? When will this information be available? i.e. STAAR

**Findings:** What are the results of your analysis? Use data to support your findings

**Reflect on Objectives:** What objectives did you meet? Which did you not meet? Why?

**Next Steps:** What do you plan to do next? Based on your original objectives, what will you be changing for the next iteration of this program? Why will you continue or not continue?

Final Recommendation  
for Program:

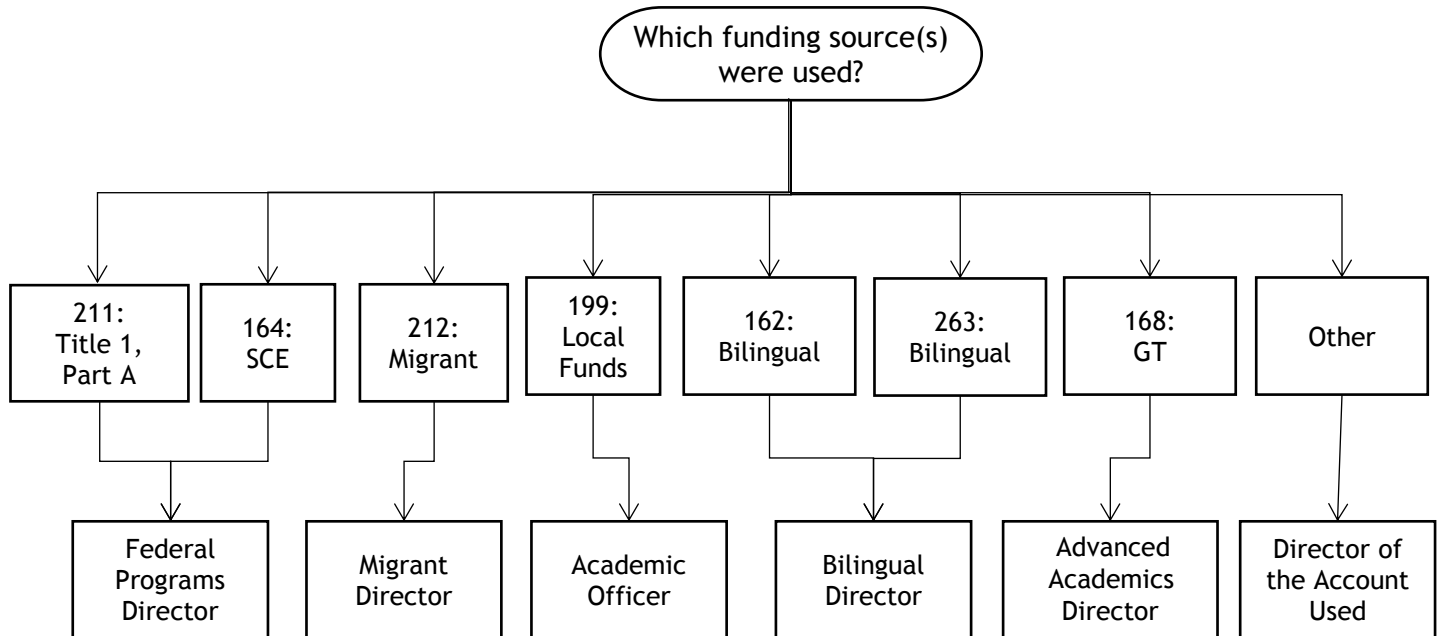
Signature of Principal/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Academic Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Once this form is completed make a copy and submit to the Director of Evaluation and any other department in which funds were used. See Distribution Chart.



## Donna Independent School District Supplemental Academic Programs Evaluation Distribution Chart



Regardless of funds source, a copy should always be retained by the Director/Principal of the program and the Evaluations Director.

Programs will be evaluated on a yearly basis. Program evaluation is due within two weeks of the completion of the program, however if your program evaluation tool is contingent upon data from the State, then evaluation is due within two weeks of receiving this data.