

# 2022-23 End-of-Year Reporting Submission Instructions

The 2022-23 End-of-Year (EOY) reporting will be submitted through Qualtrics survey software. The deadline is **11:59 p.m. on December 15, 2023**. This packet provides both the instructions on how to access and complete the Qualtrics survey as well as a worksheet that grantees can complete to prepare their responses to the survey.

## How to Access and Complete the 2022-23 EOY Reporting Submission

1. This worksheet contains all of the questions included in the 2022-23 EOY reporting submission. We recommend completing this worksheet first in collaboration with your program's local evaluator.
2. In mid-November, each program manager will receive an email from the University of Cincinnati Evaluation Services Center [CECHQualtrics@uc.edu](mailto:CECHQualtrics@uc.edu). This email will contain a **unique link** for a specific 21<sup>st</sup> Century Community Learning Center grantee. Do not share this link with other programs, it will be specific to your program. If the program manager does not receive a link, check spam folders.
3. When you have completed the worksheet provided in this packet and are ready to complete your survey, click on the link. This will take you to the 21<sup>st</sup> Century Community Learning Center 2022-23 EOY reporting submission. Complete the questions as directed.
4. Automated reminder emails will be sent to program managers on December 1, December 8, and December 15. Once the program manager has submitted the Qualtrics survey, they will no longer receive automated reminder emails.
5. We recommend completing the Qualtrics survey at one time. However, if you are unable to finish at one time, close the survey but do not hit the Submit button. You can click on the link later and complete the survey. Data previously entered in Qualtrics will be saved.
6. When you are ready to submit the survey, click on the red **Submit** button. You will not be able to access the survey again once you have clicked on Submit.
7. Qualtrics will send a confirmation email to the program manager to confirm that the EOY reporting has been submitted.
8. For assistance with the reporting process, first check the **21<sup>st</sup> CCLC blog** (<https://21stcenturylearningcenters.wordpress.com/local-evaluation-resources/fy23-evaluation/>) where responses to Frequently Asked Questions will be posted. If you still need assistance, visit [www.bit.ly/22-23EOYQs](http://www.bit.ly/22-23EOYQs) to submit your question.

# 2022-2023 End-of-Year Reporting Worksheet

Grantees are required to submit their EOY reporting data for the statewide evaluation through the online survey system Qualtrics. This worksheet will enable grantees to prepare all the necessary information to enter into the Qualtrics system. We recommend collaborating with the local evaluator to complete this worksheet before clicking on the link to the Qualtrics survey. This worksheet is organized in the same order that questions will appear in Qualtrics.

**NOTE:** You will see red **XX** in some questions related to the information you submitted through your goal setting in February. When you receive your individualized Qualtrics link in November, your individual goal numbers that you submitted in February will be populated into these questions to help you determine whether or not you met your goals. Please see the 22-23 EOY Reporting FAQ document for more information on how to answer these questions.

## Grantee Information

1. Please confirm that the following Grantee number and name are accurate. If not, please enter the correct grant number and name in the space provided. [This information will be filled in for you].

2. Program grant year in 2022-23: [select one]

<input type="checkbox"/>	Year 1 (started in 2022-23 school year)
<input type="checkbox"/>	Year 2 (started in 2021-22 school year)
<input type="checkbox"/>	Year 3 (started in 2020-21 school year)
<input type="checkbox"/>	Year 4 (started in 2019-20 school year)
<input type="checkbox"/>	Year 5 (started in 2018-19 school year)

3. Region: [select one]

**Note:** If you are unsure about the region for the 21st CCLC program, review the map found [here](#).

<input type="checkbox"/>	Central
<input type="checkbox"/>	Northwest
<input type="checkbox"/>	Northeast
<input type="checkbox"/>	Southwest
<input type="checkbox"/>	Southeast

4. Program Option: [select one]

<input type="checkbox"/>	Option 1: Expanded Learning Time
<input type="checkbox"/>	Option 2: Out-of-School Time (Elementary Students)
<input type="checkbox"/>	Option 3: Out-of-School Time (Middle and High School Students)

5. In 22-23, the program provided activities: [select one]

<input type="checkbox"/>	Plan 1- Onsite: Operated as a 100% in-person program
<input type="checkbox"/>	Plan 2 - Virtual: The program served students and families 100% virtually
<input type="checkbox"/>	Plan 3 - Hybrid: The program provided a combination of virtual and in-person programming

6. Name of program manager submitting the EOY reporting:

7. Email address of program manager submitting the EOY reporting:

*Note: A confirmation email will be sent to this email address.*

## **Program Activities & Student Participation**

8. Please select which categories of activities were offered by this grantee in 2022-23.

[Check all that apply]

*Note: These are the 2022-23 GPRA activity categories. Select the same activity categories that the program will report for the 2022-23 GPRA.*

<input type="checkbox"/>	Academic enrichment (e.g., homework help, mentoring, tutoring)
<input type="checkbox"/>	Activities for English learners
<input type="checkbox"/>	Assistance to students who have been truant, suspended, or expelled
<input type="checkbox"/>	Career competencies and career readiness (e.g., college readiness activities)
<input type="checkbox"/>	Cultural programs
<input type="checkbox"/>	Drug and violence prevention and counseling
<input type="checkbox"/>	Expanded library service hours
<input type="checkbox"/>	Healthy and active lifestyle (e.g., physical activity)
<input type="checkbox"/>	Literacy education
<input type="checkbox"/>	Parenting skills and family literacy
<input type="checkbox"/>	Science, technology, engineering, and mathematics (STEM) activities (e.g., computer science)
<input type="checkbox"/>	Services for individuals with disabilities
<input type="checkbox"/>	Telecommunications and technology education
<input type="checkbox"/>	Well-rounded education activities (e.g., arts & music, community/service learning, credit recovery/attainment, entrepreneurship, youth leadership)

9. Enter the **total number of students** who participated in the 21<sup>st</sup> CCLC program by grade level. If the program does not serve students in that age group, write 0 in the box. There should not be any blank boxes.

*Note: Total # of student participation data should match the 2022-23 GPRA total number of students data reported by the grantee.*

	<b>Total # of students per grade</b>	<b># of "regularly participating students"</b> (those who attended at least 30 days OR for more than 90 hours)
Pre-K		
Kindergarten		
1st grade		
2nd grade		
3rd grade		
4th grade		
5th grade		
6th grade		
7th grade		
8th grade		

9th grade		
10th grade		
11th grade		
12th grade		
<b>TOTAL</b>		[Use this total number for question 10]

10. Add up the total number of regularly participating students across all grades. In your goal setting, you estimated that **XX** students would regularly participate in your program. Did your program achieve this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal
<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal

Please provide any information explaining why your program did or did not meet your student participation goal.

## Literacy, Math, Attendance, Family Engagement & Career Readiness Outcomes

The Ohio Department of Education has established objectives for 21<sup>st</sup> CCLC programs to achieve positive impact in:

- Reading (with a focus on literacy achievement)
- Mathematics
- Attendance / Chronic Absenteeism
- Parent and Family Engagement
- Career Competencies and Career Readiness

### Literacy Achievement

*Note: If the program does not provide literacy support, write 999 in each box.*

**11.a** In your goal setting, you estimated that **XX** regularly participating students would receive literacy support through your program. How many regularly participating students received literacy supports?

*Note: The Department defines "regularly participating" as students who attended for 30 or more days annually.*

= **total # of students** participated in literacy programming 2022-23

**11.b** How many of these students demonstrated *any* growth in literacy?

*Note: ODE defines growth as any increase in student assessment score from baseline to end-of-the year.*

= **total # of students** demonstrated any growth in literacy

**11.c** Take your answer from 11.b and divide it by your answer to 11.a. In your goal setting, you estimated that **XX%** of students would demonstrate *any* growth in literacy. Did your program achieve this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal

<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal
<input type="checkbox"/>	N/A - did not provide literacy supports

Please provide any information explaining why your program did or did not meet your literacy achievement goal.

**11.d** What is the source for your literacy achievement data?

<input type="checkbox"/>	Ohio State Tests
<input type="checkbox"/>	MAP
<input type="checkbox"/>	STAR Reading
<input type="checkbox"/>	I-Ready
<input type="checkbox"/>	Acadience
<input type="checkbox"/>	IXL
<input type="checkbox"/>	AimswebPlus
<input type="checkbox"/>	DIBELS
<input type="checkbox"/>	Fountas-Pinnell
<input type="checkbox"/>	AIR
<input type="checkbox"/>	Report Cards
<input type="checkbox"/>	Other, <i>please specify:</i>

**11.e** When did you collect these literacy data?

<input type="checkbox"/>	Fall 2022 (baseline) and Spring 2023
<input type="checkbox"/>	Spring 2022 (baseline) and Spring 2023
<input type="checkbox"/>	Other, <i>please specify:</i>

### Literacy Proficiency Achievement

*Note: If the program does not provide literacy support, write 999 in each box.*

**12.a** How many regular program participants were “basic” or “limited proficient” in reading on Ohio’s statewide assessments at the beginning of the year?

*Note: ODE defines “regular” participation as a student who has attend the program for 30 or more days annually.*

= **total # of students** were “basic” or “limited” in literacy proficiency

**12.b** How many regular program participants moved from “basic” or “limited proficiency” to “proficient” or above in reading on Ohio’s statewide assessments?

= **total # of students** moved “basic” / “limited” to “proficient” or above in literacy proficiency

**12.c** Take your answer from 12.b and divide it by your answer to 12.a. In your goal setting, you estimated that **XX%** of regular program participants would move from “basic” or “limited proficiency” to “proficient” or above in mathematics on Ohio’s statewide assessments. Did your program achieve this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal
<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal
<input type="checkbox"/>	N/A - did not provide literacy supports

Please provide any information explaining why your program did or did not meet your literacy proficiency achievement goal.

**12.d** What is the source for your literacy proficiency data?

<input type="checkbox"/>	Ohio State Tests
<input type="checkbox"/>	MAP
<input type="checkbox"/>	STAR Reading
<input type="checkbox"/>	I-Ready
<input type="checkbox"/>	Acadience
<input type="checkbox"/>	IXL
<input type="checkbox"/>	AimswestPlus
<input type="checkbox"/>	DIBELS
<input type="checkbox"/>	Fountas-Pinnell
<input type="checkbox"/>	AIR
<input type="checkbox"/>	Report Cards
<input type="checkbox"/>	Other, <i>please specify:</i>

**12.e** When did you collect these literacy data?

<input type="checkbox"/>	Fall 2022 (baseline) and Spring 2023
<input type="checkbox"/>	Spring 2022 (baseline) and Spring 2023
<input type="checkbox"/>	Other, <i>please specify:</i>

## Literacy Activities

13. Provide one or more example of an evidence-based literacy activity your program provided (e.g., LETRS, high-dosage tutoring, Simple Solutions, etc.)

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## Mathematics Achievement

Note: If the program does not provide mathematics support, write 999 in each box.

14.a In your goal setting, you estimated that **XX** regularly participating students would receive mathematics support through your program. How many regularly participating students received mathematics supports?

Note: The Department defines "regularly participating" as students who attended for 30 or more days.

= **total # of students** participated in math programming in 2022-23

14.b How many of these students demonstrated *any* growth in mathematics?

Note: ODE defines growth as any increase in student assessment score from baseline to end-of-the year.

= **total # of students** who demonstrated any growth in math

14.c Take your answer from 14.b and divide it by your answer to 14.a. In your goal setting, you estimated that **XX%** of students would demonstrate *any* growth in mathematics. Did your program achieve this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal
<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal
<input type="checkbox"/>	N/A - did not provide mathematics supports

Please provide any information explaining why your program did or did not meet your mathematics achievement goal.

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14.d What is the source for your mathematics achievement data?

<input type="checkbox"/>	Ohio State Tests
<input type="checkbox"/>	MAP
<input type="checkbox"/>	STAR Math
<input type="checkbox"/>	I-Ready
<input type="checkbox"/>	District-Specific Assessment
<input type="checkbox"/>	IXL
<input type="checkbox"/>	AimswebPlus
<input type="checkbox"/>	STRIDE
<input type="checkbox"/>	Fountas-Pinnell
<input type="checkbox"/>	AIR

<input type="checkbox"/>	Report cards
<input type="checkbox"/>	Other, <i>please specify</i> :

**14.e** When did you collect these mathematics data?

<input type="checkbox"/>	Fall 2022 (baseline) and Spring 2023
<input type="checkbox"/>	Spring 2022 (baseline) and Spring 2023
<input type="checkbox"/>	Other, <i>please specify</i> :

### Mathematics Proficiency Achievement

*Note: If the program does not provide mathematics support, write 999 in each box or select NA.*

**15.a** How many regular program participants were “basic” or “limited proficient” in mathematics on Ohio’s statewide assessments at the beginning of the year?

*Note: ODE defines “regular” participation as a student who has attend the program for 30 or more days annually.*

= **total # of students** were “basic” or “limited” in math proficiency

**15.b** How many regular program participants moved from “basic” or “limited proficiency” to “proficient” or above in mathematics on Ohio’s statewide assessments?

= **total # of students** moved “basic” / “limited” to “proficient” or above in math proficiency

**15.c** Take your answer from 15.b and divide it by your answer to 15.a. In your goal setting, you estimated that **XX%** of regular program participants would move from “basic” or “limited proficiency” to “proficient” or above in mathematics on Ohio’s statewide assessments. To what extent did your program achieve this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal
<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal
<input type="checkbox"/>	N/A - did not provide mathematics supports

Please provide any information explaining why your program did or did not meet your mathematics proficiency achievement goal.

**15.d** What is the source for your mathematics proficiency achievement data?

<input type="checkbox"/>	Ohio State Tests
<input type="checkbox"/>	MAP
<input type="checkbox"/>	STAR Math
<input type="checkbox"/>	I-Ready
<input type="checkbox"/>	District-Specific Assessment
<input type="checkbox"/>	IXL
<input type="checkbox"/>	AimswebPlus
<input type="checkbox"/>	STRIDE



<input type="checkbox"/>	Fountas-Pinnell
<input type="checkbox"/>	AIR
<input type="checkbox"/>	Report cards
<input type="checkbox"/>	Other, <i>please specify:</i>

**15.e** When did you collect these mathematics data?

<input type="checkbox"/>	Fall 2022 (baseline) and Spring 2023
<input type="checkbox"/>	Spring 2022 (baseline) and Spring 2023
<input type="checkbox"/>	Other, <i>please specify:</i>

**Mathematics Activities**

**16.** Provide one example of an evidence-based mathematics activity your program provided (e.g., focusMath, IXL, Mango Math etc.)

**Attendance / Chronic Absenteeism**

**GPRA #3:** *Percentage of students in grades 1-12 participating in 21<sup>st</sup> CCLC during the school year who had a school day attendance rate at or below 90% in the prior school year and demonstrated an improved attendance rate in the current school year.*

**17.a** How many students in grades 1-12 participated in 21<sup>st</sup> CCLC during the school year who had a school day attendance rate at/or below 90% in 2021-22 (for whom you have outcome data to report)?

= **total # of students** were chronically absent in 2021-22

**17.b** Of the students counted in 17.a, how many demonstrated an improved attendance rate in 2022-23?

= **total # of students** demonstrated improved attendance in 2022-23

**18. [Optional]** What types of strategies or activities is your program implementing to improve attendance/reduce chronic absenteeism?

## Parent and Family Engagement

**ODE Measure 4.1:** *Number of educational development opportunities provided during the school year and summer to families of the participating students (for example, family literacy classes, parenting classes and activities to support family engagement in the school and community).*

**19.a** In your goal setting, you estimated that you would provide **XX** developmental opportunities to families of participating students. How many developmental opportunities did you provide in 2022-23?

= # of **total** developmental opportunities provided to families

**19.b** Did your program meet or exceed this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal
<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal

Please provide any information explaining why your program did or did not meet your family engagement goal.

**20.a** In your goal setting, you estimated that you would provide **XX** *evidence-based* developmental opportunities to families of participating students. How many evidence-based developmental opportunities did you provide in 2022-23?

= # of **total** *evidence-based* developmental opportunities provided to families

**20.b** Did your program meet or exceed this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal
<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal

Please provide any information explaining why your program did or did not meet your *evidence-based* family engagement goal.

**21.a** To what extent does the program engage families through the following activities?

[Select one response for each activity]

	<b>Never</b> , not part of our program	<b>Once</b> during school year	<b>More than once</b> during the year
Share information about the 21 <sup>st</sup> Century program (e.g., program orientation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide activities or resources to support student learning at home (e.g., providing books to read at home, educational materials, homework help)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct informational sessions to directly support adult learning (e.g. financial literacy nights, Math night, post-secondary options, behavior management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Host opportunities to showcase student work (e.g., art shows, performances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide direct resources or supports to families (e.g., tax help, FAFSA support, basic needs, health fair)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage families in program decision-making (e.g., advisory board, event planning, program or curriculum development)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Host celebrations or parties (e.g., cultural celebrations, movie night, end-of-year party)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for families to connect with staff and each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer volunteer opportunities for families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**21.b** Are there *other* ways the program engages with families not included in this list?

**22.a** How often did you communicate or implement outreach to engage families?

[Select one response for each activity]

	<b>Never,</b> not part of our program	<b>Sometimes,</b> as needed basis	<b>Occasionally,</b> less than monthly as part of the program	<b>Regularly,</b> at least once a month, as part of the program
Sending personal notes home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone calls with family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emails or other digital communications (e.g., messaging apps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person or informal connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newsletters (physical or digital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conferences or individual meetings with family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group meetings with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**22.b** Are there *other* ways the program communicated or implemented outreach to engage families not included in this list?

**23.** Family engagement continues to remain an important consideration and opportunity for growth within 21<sup>st</sup> Century programs. Describe **one successful strategy** your program utilized to engage with families this year.

**Career Competencies and Career Readiness**

**[Pre-Question]:** Does this 21<sup>st</sup> CCLC program provide programming to support college/career competencies or readiness?

**If yes,** please complete the questions in this section (#24a – 28)

**If no,** please skip to question #29 (p. 16)

**ODE Measure 2.3:** 100 percent of middle and high school sites commit to preparing students for college and careers using evidence-based strategies that connect academic content with careers, promote career-technical education pathways, and provide opportunities for students to develop professional capabilities.

**24.a** In your goal setting, you estimated that **XX** students would participate in career competencies and career readiness activities. How many students participated in 2022-23?

= # of **total students** participating in career readiness programming in 2022-23

**24.b** Did your program meet or exceed this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal
<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal
<input type="checkbox"/>	N/A - did not provide career competencies and readiness goal

Please provide any information explaining why your program did or did not meet your career competencies and career readiness student participation goal.

**25.a** In your goal setting, you estimated that you would provide **XX** hours of career competencies and career readiness activities. How many hours of programming did you provide in 2022-23?

= # of **total hours** of career readiness programming provided in 2022-23

**25.b** Did your program meet or exceed this goal?

<input type="checkbox"/>	Yes – exceeded the goal
<input type="checkbox"/>	Yes – met the goal
<input type="checkbox"/>	No – almost met the goal
<input type="checkbox"/>	No – did not meet goal
<input type="checkbox"/>	N/A - did not provide career competencies and readiness goal

Please provide any information explaining why your program did or did not meet your career competencies and career readiness programming hours goal.

**26a.** What types of activities did your program provide to prepare students for college and careers?

	<b>Were these activities provided?</b> (Select one)	<b>Please describe the activities you provided for this category</b>
<b>Career awareness activities</b> , including any opportunities to learn about future careers or employment pathways (e.g., classroom speakers, workplace visits, interviews, career fairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	[Open response]
<b>Career &amp; interest exploration activities</b> , including any opportunities to develop greater self-awareness and explore future career goals, motivations, and aspirations (e.g., career research, mentorship, courses or service learning)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	[Open response]
<b>College exposure activities</b> , including opportunities to introduce and familiarize students with college processes (e.g., college tours, visiting speakers from colleges, college fairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	[Open response]
<b>College and career preparatory or planning activities</b> (e.g., assistance with college applications, ACT test prep, FAFSA workshops, guidance in interview skills, resume assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	[Open response]
<b>Career-based learning experiences</b> , including opportunities to develop necessary career skills (e.g., pre-apprenticeship programs, internships, service learning, cooperative education, part-time work, earning credentials, college credit)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	[Open response]
<b>Dropout prevention and/or credit recovery programming</b> , including opportunities to obtain necessary high school credits or other graduation requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	[Open response]
<b>Supporting 21<sup>st</sup> Century skill development</b> , including skills such as creativity, critical thinking, life skills, problem solving, communication, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	[Open response]

**26.b** Did the program provide other college and career readiness activities not included in this list?

27. How does your program measure growth in career competencies and career readiness?

[Check all that apply]

<input type="checkbox"/>	Ohio Means Jobs Career Assessment
<input type="checkbox"/>	Achieve3000 College and Career Readiness
<input type="checkbox"/>	Naviance
<input type="checkbox"/>	DESSA
<input type="checkbox"/>	Locally developed guide
<input type="checkbox"/>	Staff observations of students
<input type="checkbox"/>	Students reflect on their future careers through journaling or other methods
<input type="checkbox"/>	Keeping logs of all the activities provided
<input type="checkbox"/>	Surveys with staff, families, and students often administered at the end of the year to assess preparedness for schools/careers after school
<input type="checkbox"/>	Students complete college and career research projects and presentations focusing on future plans
<input type="checkbox"/>	We do not measure growth in career competencies and career readiness
<input type="checkbox"/>	Other, <i>please specify:</i>

28. How many students participating in 21st CCLC programming during 2022-23 demonstrated growth in career competencies and career readiness?

= # of **total students** demonstrating growth in career competencies or readiness

## Local Evaluation

The following questions pertain to how the local evaluation was conducted in 2022-23 and how evaluation results will be used to inform program improvement.

**29.** Which of the following evaluation methods were used to assess 21<sup>st</sup> CCLC programs at this site for the 2022-23 school year? [Check all that apply]

Focus groups with... <ul style="list-style-type: none"> <li><input type="checkbox"/> students</li> <li><input type="checkbox"/> parents, guardians, or caregivers</li> <li><input type="checkbox"/> after-school program staff</li> <li><input type="checkbox"/> school staff (e.g., teachers, administrators)</li> <li><input type="checkbox"/> community partners</li> <li><input type="checkbox"/> other participant group, <i>please specify:</i></li> </ul>
Interviews with... <ul style="list-style-type: none"> <li><input type="checkbox"/> students</li> <li><input type="checkbox"/> parents, guardians, or caregivers</li> <li><input type="checkbox"/> after-school program staff</li> <li><input type="checkbox"/> school staff (e.g., teachers, administrators)</li> <li><input type="checkbox"/> community partners</li> <li><input type="checkbox"/> other participant group, <i>please specify:</i></li> </ul>
Surveys with... <ul style="list-style-type: none"> <li><input type="checkbox"/> students</li> <li><input type="checkbox"/> parents, guardians, or caregivers</li> <li><input type="checkbox"/> after-school program staff</li> <li><input type="checkbox"/> school staff (e.g., teachers, administrators)</li> <li><input type="checkbox"/> community partners</li> <li><input type="checkbox"/> other participant group, <i>please specify:</i></li> </ul>
Other evaluation methods: <ul style="list-style-type: none"> <li><input type="checkbox"/> Site observations (in person or virtual)</li> <li><input type="checkbox"/> Academic student assessment data analysis (e.g., EMIS data, MAP scores)</li> <li><input type="checkbox"/> Social-emotional student assessment data analysis (e.g., DESSA)</li> <li><input type="checkbox"/> Other data sources, <i>please specify:</i></li> </ul>



30. Which step(s) of the quality assessment plan did your program engage in in 2022-23?

[Check all that apply]

<input type="checkbox"/>	Chose a quality assessment tool
<input type="checkbox"/>	Conducted a quality assessment
<input type="checkbox"/>	Developed an improvement plan
<input type="checkbox"/>	Implemented an improvement plan
<input type="checkbox"/>	Continued to revise and implement an improvement plan
<input type="checkbox"/>	We did not implement a quality assessment this year

31. Which quality assessment tool was utilized? [Check all that apply]

<input type="checkbox"/>	Assessment of Program Practices Tool (APT)
<input type="checkbox"/>	Quality Self-Assessment Tool (QSAT)
<input type="checkbox"/>	Youth Program Quality Assessment Tool (YPQA)
<input type="checkbox"/>	Ohio-Quality Assessment Rubric (O-QAR)
<input type="checkbox"/>	Locally developed tool (e.g., tool developed specifically for the program, tool developed by local evaluator)
<input type="checkbox"/>	Other quality assessment tool, <i>please specify:</i>
<input type="checkbox"/>	We did not use a quality assessment tool

32. How was the quality assessment tool implemented? [Check all that apply]

<input type="checkbox"/>	Self-assessment by program staff
<input type="checkbox"/>	External assessor, <i>please specify the <b>role</b> of the external assessor: (e.g., local external evaluator):</i>
<input type="checkbox"/>	We did not use a quality assessment tool

33. How do you communicate or share your evaluation findings to the public (e.g., district personnel, community partners, families)? [Check all that apply]

<input type="checkbox"/>	Post on website
<input type="checkbox"/>	Post on schoolboard meeting notes
<input type="checkbox"/>	Available upon request
<input type="checkbox"/>	Publish in local newsletters
<input type="checkbox"/>	We don't communicate results publicly
<input type="checkbox"/>	Other approach, <i>please specify:</i>

34. Describe one actionable change your program made during the year based on the results from your local evaluation **OR** Describe one actionable change your program will make next year based on the results from your local evaluation.

## Partnerships

The questions in this section are intended to better understand some of the important relationships between 21<sup>st</sup> CCLC programs and community/school partnerships.

### Community Partnerships

35. What types of community partnerships did your program engage in this year? [Check all that apply]

<input type="checkbox"/>	Local colleges/universities
<input type="checkbox"/>	Local non-profit organizations
<input type="checkbox"/>	Local businesses
<input type="checkbox"/>	Public libraries
<input type="checkbox"/>	School groups such as parent-teacher organizations
<input type="checkbox"/>	Our program does not engage in any community partnerships
<input type="checkbox"/>	Other community partnership, <i>please specify:</i>

36. How do your community partners support your program? [Check all that apply]

<input type="checkbox"/>	Participate on advisory boards
<input type="checkbox"/>	Facilitate/deliver programming for students
<input type="checkbox"/>	Facilitate/deliver community or family events
<input type="checkbox"/>	Fundraises for the program
<input type="checkbox"/>	Donates funds to the program
<input type="checkbox"/>	Donates supplies or food for the program
<input type="checkbox"/>	Provides volunteers
<input type="checkbox"/>	Provides professional development or training for program staff
<input type="checkbox"/>	Provides venues or spaces for programming
<input type="checkbox"/>	Our program does not engage in any community partnerships
<input type="checkbox"/>	Other supports, <i>please specify:</i>

37. [Optional] What recommendations do you have for programs that may be struggling to develop community partnerships?

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## School Collaboration

38. How did you collaborate with your program's local educational agency (LEA)? [Check all that apply]

<input type="checkbox"/>	Aligned program activities with school day content
<input type="checkbox"/>	Employed specific staff to create lesson plans (e.g, licensed teachers from the school district)
<input type="checkbox"/>	Consulted with school staff regularly to discuss student data
<input type="checkbox"/>	Used materials directly provided by the schools
<input type="checkbox"/>	Met with building administrators regularly to discuss programming and data needs
<input type="checkbox"/>	Other collaboration, <i>please specify</i> :

39. [Optional] What recommendations do you have for improving collaboration and relationships with partnering local education agencies?

40. [Optional] Is there anything else that is important for the statewide evaluation team to know about this 21st CLCC program?

## [Optional] Success Story

### Share a success story from this 21st CCLC program

The Ohio Department of Education would like to be able to share success stories for 21<sup>st</sup> CCLC programs. Examples include: programs that were particularly well-attended, a story of a student or group of students that thrived, changes to recruitment strategies resulting in high rates of participation, or any other story that you are particularly proud of relating to your program.

The success story should align with one or more of the 21<sup>st</sup> CCLC objectives:

- Reading (with a focus on literacy achievement)
- Mathematics
- Attendance / Chronic Absenteeism
- Parent and Family Engagement
- Positive Youth Development
- Career Competencies and Career Readiness

If your program has a 2022-23 success story that you would like to have featured, please enter it here:

You may also upload supplemental materials (i.e. photos, PDFs, word documents) if you would like to. Please make sure the grant number is in the file name for any uploaded additional materials.

**Note:** These stories will **not** be reviewed for evaluation purposes. If ODE chooses to feature the success story, the program will be contacted for more information, photos, releases, etc.

# Glossary of Terms

## 21<sup>st</sup> CCLC Key Personnel

**Certified Teacher:** At least one certified teacher is required to oversee the quality of the 21<sup>st</sup> CCLC academic curriculum. Responsibilities may include, but are not limited to, the development of lesson plans, alignment to the school day curriculum and/or Ohio's Learning Standards, student progress monitoring and development of differentiated instructional plans individualized to student needs. The needs of students with disabilities should be addressed by the individualized education program (IEP) team, in cooperation with the school. The teacher need only be certified in one subject at the grade span served.

**Program Manager:** Each 21<sup>st</sup> CCLC subrecipient shall identify one program manager to administer the program(s). Program managers may fulfill the role as site coordinator for only one site. Only one program manager per organization can be assigned in OEDS.

**Site Coordinator:** Each grant may have up to three sites, and each site must identify a site coordinator.

**Program Personnel:** Volunteers or contractors shall meet all licensing requirements for working with students, including appropriate background checks, if required by the state licensing entity that applies to the program site.

**Local Evaluator:** Person or organization engaged to assist program staff in gathering, tracking, and evaluating data to ensure program performance objectives.

## Reports

**21<sup>st</sup> CCLC Annual Performance Review (21 APR):** 21 APR is a federal reporting system designed to collect, from all active 21<sup>st</sup> CCLC programs, descriptive information on program characteristics and services, as well as performance data across a range of outcomes.

**GPRA:** Government Performance and Results Act (GPRA) performance indicators associated with the 21<sup>st</sup> CCLC program and reported through 21APR.

**State External Evaluation Report:** The University of Cincinnati Evaluation Services Center (UCESC) serves as statewide evaluator for Ohio's 21<sup>st</sup> CCLC programs. After receipt of this 2022-23 reporting submission, UCESC will aggregate and analyze the data to provide a state external evaluation report that summarizes the results of 21<sup>st</sup> CCLC programs.