

**After School Programs Site Visit/Technical Assistance Form
(for ASES and 21st CCLC Grantees)**

Site Name & Location: _____

Alternate Site: _____

Grantee Name: _____

District / Agency: _____

Grant Type(s)

ASES Before School (BS) After School (AS) BS Supplemental AS Supplemental

Award Amount \$ _____ Cohort # _____ Grant ID(s) # _____

21st CCLC Before School (BS) After School (AS) BS Supplemental AS Supplemental
 Family Literacy Access

Award Amount \$ _____ Cohort # _____ Grant ID(s) # _____

Target Enrollment: Before School # _____ After School # _____

Actual Attendance: Before School # _____ After School # _____

Number of students enrolled in regular school day: _____

Hours of Operation: Before School _____ After School _____

Contact Information:	Name	Address	Phone / Email
Site Supervisor:	_____	_____	_____
Program Director:	_____	_____	_____
Principal:	_____	_____	_____
Site Visit Team: (name and title)	_____	_____	_____
	_____	_____	_____
Person preparing report:	_____	_____	_____
	_____	_____	_____

Site Name: _____

Date: _____

PROGRAM COMPONENTS (continued)

Academic Support Services (Aligned with Regular School Day):

- What steps have been taken to ensure alignment with the regular day program?

- | | |
|--|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Extended Library Hours |
| <input type="checkbox"/> Homework Assistance | <input type="checkbox"/> Remediation Services |

Educational Enrichment Activities:

- | | |
|--|---|
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Health and Nutrition |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Career Preparation |
| <input type="checkbox"/> Youth Development | <input type="checkbox"/> Service Learning |
| | <input type="checkbox"/> Other (please describe): |

Yes No N/A

Comments:

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nutritional Snack: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family Literacy Services (21 st CCLC only) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Behavior Intervention strategy or program:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | English Language Learners
- number served: # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Students with Special Needs
- number served: # _____ |

Designated Facility (check all that apply):

- Library Computer Lab Classroom Multi-Purpose/Cafeteria Other: _____

ATTENDANCE

Yes No N/A

Guiding Questions / Comments:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attendance Tracking Procedure in Place |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waiting List |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Early Release Policy in Place |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transportation Provided |

- Are there issues with attendance at this site?

Site Name: _____

Date: _____

NARRATIVE SUMMARY
(Attach Additional Pages as Needed)

Overall Strengths of Program:

Yes No

Supplemental Materials Collected? (If yes, please describe)

Recommendations (Specifically address academic, behavior, and/or attendance if needed):

Identify Concerns/TA Needs	Strategies for Improvement	Responsibilities (Who and What)	Target Dates

Additional Comments/ Suggestions:

Follow-up date: _____

Site Name: _____

Date: _____