

Improving Literacy Through School Libraries

OMB No. XXXX-XXXX
Exp. Date:XX /XX/XXXX

Cover Sheet/Final Grant Report
See Block 5 on the Grant Award
Notification.

1) PR/Award No

S364A07 _____

District Common Core Data Number _____

<http://nces.ed.gov/ccd/districtsearch>

Enter the same title as on the
approved application.

2) Project Title

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Repeat from Block 1 on Grant Award
Notification. If address has changed,
provide the current address.

3) Recipient Information

Name:

Address

City:

State:

Zip+4:

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Provide the name of the project
director or the contact person who is
most familiar with the content of the
performance report.

4) Contact Person

Name:

Title:

Telephone Number:

Fax Number:

E-mail Address:

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Include the interval for the
information requested in the
performance reporting period.

5) Reporting Period

- ____/____/____ (mm/dd/yy)

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Report actual budget expenditures
for the above performance reporting
period.

6) Total Expenditures

Federal \$

Non-Federal \$
(if applicable)

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Provide the District's indirect cost
rate

Negotiated Indirect Cost Rate: ____%

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Authorized Representative:

To the best of my knowledge and belief, all data in this performance report are true and correct.

Name (typed or printed):	Title:
Signature:	Date:

IMPROVING LITERACY THROUGH SCHOOL LIBRARIES PROGRAM FINAL GRANT REPORT

Part I. Please provide the following information:

- A. Cover Sheet – see attached. Complete the cover sheet according to the instructions provided.
 - ED Form 524-B
- B. Executive Summary
 - Provide a one- to two-page Executive Summary describing the project and highlighting key accomplishments.
- C. Project Performance
 - Report on how you met each one of your project objectives, i.e., areas proposed in Use of Funds section and/or other applicable sections of your original application.
- D. Project Evaluation
 - Provide a copy of your program evaluation report.

Part II. Please answer the following questions:

SCHOOLS SERVED AND EXTENDED HOURS

1. On what basis were schools selected for participation in the Improving Literacy through School Libraries Program? *(Circle one response on each line.)*

If your district has only one school, please check this box and skip to Question 2.

	Yes	No
a. All schools in the district were selected.....	1	2
b. All schools serving a particular grade level were served <i>(please specify level)</i> _____	1	2
c. The neediest schools based on poverty level.....	1	2
d. The neediest schools based on lack of library resources.....	1	2
e. The neediest schools based on those identified for improvement under No Child Left Behind.....	1	2
f. Other <i>(please specify)</i> _____	1	2

2. Who participated in the decision regarding which schools to serve? *(Circle one response on each line.)*

	Yes	No
a. District school library coordinator.....	1	2
b. District reading curriculum coordinator.....	1	2
c. Superintendent(s).....	1	2
d. Principal(s).....	1	2
e. School library media specialist(s).....	1	2
f. Reading specialist(s).....	1	2
g. Classroom teacher(s).....	1	2
h. Parent(s).....	1	2
i. Other <i>(please specify)</i> _____	1	2

3. How many schools were served under the grant? _____ Schools

4. In the table below, please list each school served under the grant in column 1. The grade levels served under the grant in each school should be entered in column 2; and the number of students served under the grant in each school should be entered in column 3. (While most schools planned to serve all students under the grant, some schools planned to target only certain grades. When only certain grades participated in the grant, only those grades and the total number of students in the targeted grades should be entered in the table.) In column 4, please enter the total number of hours per week that the library in each school was open during nonschool hours (i.e., extended hours) during the school year of the grant. Please include the hours that the school was open before and after school and on weekends. If the library was not open during nonschool hours, please enter 0. In column 5, please enter the total number of hours per week that the library was open during nonschool hours during the school year prior to the grant.

NOTE: Please make as many copies of this page as needed to cover all schools served under the grant.

School served (1)	Grades served (2)	Number of students served (3)	Total number of extended hours per week	
			Year of the grant (4)	Year prior to the grant (5)

5. If extended hours were not provided, please check this box and skip to question 7.

During the grant year, how many schools extended hours at each of the following times?

**Number of schools
extending hours**

- a. Before school..... _____
- b. After school..... _____
- c. Saturday..... _____
- d. Sunday..... _____
- e. Summer..... _____

6. During the grant year, how many schools staffed the library with the following kinds of personnel during extended hours?

Number of schools

- a. School library media specialists..... _____
- b. Library aides..... _____
- c. Classroom teachers..... _____
- d. Volunteers..... _____
- e. Other (*please specify*)..... _____

SCHOOL LIBRARY PURCHASES

7. In the table below, please list each school and its CCD# served under the grant in column 1. For each school served, please enter the total number of books purchased during the grant year in column 2, and the total number of books purchased during the school year prior to the grant in column 3. For each school, please provide the number of titles of other media resources (e.g., tapes, DVDs, laser discs, and CD-ROMs) purchased during the grant year in column 4, and the number of titles of other media resources purchased during the year prior to the grant in column 5. For each school, please provide the number of computers purchased for the library during the grant year in column 6 and the number of computers purchased during the year prior to the grant in column 7.

NOTE: Please make as many copies of this page as needed to cover all schools served under the grant.

School served/ CommonCoreDataNumber(1) http://nces.ed.gov/ccd/schoolsearch	Number of books purchased		Number of <u>titles</u> of other media resources purchased		Number of computers purchased for the library	
	Year of the grant (2)	Year prior to the grant (3)	Year of the grant (4)	Year prior to the grant (5)	Year of the grant (6)	Year prior to the grant (7)

8. Which of the following areas, if any, did your district target for buying additional books with grant funds?

	Yes	No
a. Fiction.....	1	2
b. Updating of science collection.....	1	2
c. Updating collection on history and/or biography.....	1	2
d. Filling holes in particular areas (<i>please specify</i>).....	1	2
<hr/>		
e. General upgrading of entire collection.....	1	2
f. Decisions on book purchases were made by schools, not the district	1	2
g. Other areas targeted by the district (<i>please specify</i>).....	1	2
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PROFESSIONAL DEVELOPMENT

9. Was any professional development provided by the district under the grant?

- Yes..... 1
- No..... 2 SKIP TO QUESTION 12

10. How many of the following types of staff received professional development by the district under the grant?

	Number of staff
a. District school library coordinator.....	_____
b. District reading curriculum coordinator.....	_____
c. Principal(s).....	_____
d. School library media specialist(s).....	_____
e. Reading specialist(s).....	_____
f. Classroom teacher(s).....	_____
g. Paraprofessionals/instructional assistant(s).....	_____
h. Other (<i>please specify</i>).....	_____

11. How many times per year were the following topics covered in the professional development activities? (Circle one response on each line.)

	Times per year			
	7 or more	3-6	1-2	Not covered
a. How to select books and materials that align with the curriculum.....				
.....1				
.....2				
.....3				
.....4				
b. How to integrate educational technology into the curriculum.....				
.....1				
.....2				
.....3				
.....4				

- c. Methods in which teachers and school library media specialists can collaborate.....
1
2
3
4
- d. Teaching children to read.....
1
2
3
4
- e. Other (please specify)_____
 _____1
 _____2
 _____3
 _____4
- f. Other (please specify)_____
 _____1
 _____2
 _____3
 _____4
- g. Other (please specify)_____
 _____1
 _____2
 _____3
 _____4

EXPENDITURES

12. How much of your grant money was ultimately spent in each of the following categories:
- a. Acquisition of advanced technology..... \$ _____
 - b. Acquisition of all other resources, including books..... \$ _____
 - c. Linkage to the Internet and other resource-sharing networks..... \$ _____
 - d. Professional development..... \$ _____
 - e. Operating the school library media center during nonschool hours..... \$ _____
 - f. Other (please explain)_____ \$ _____
13. Who participated in the decision regarding how the money should be spent? (Circle one response on each line.)
- | | Yes | No |
|---|------------|-----------|
| a. District school library coordinator..... | 1 | 2 |
| b. District reading curriculum coordinator..... | 1 | 2 |
| c. Superintendent(s)..... | 1 | 2 |
| d. Principal(s)..... | 1 | 2 |
| e. School library media specialist(s)..... | 1 | 2 |
| f. Reading specialist(s)..... | 1 | 2 |
| g. Classroom teacher(s)..... | 1 | 2 |
| h. Parent(s)..... | 1 | 2 |
| i. Other (please specify)_____ | 1 | 2 |
14. On what basis was the grant money distributed to the schools in your district? (Circle one response.)

Each participating school received the same amount.....	1
Each participating school received an amount based on the number of students in the school.....	2
All purchasing was done at the district level.....	3
Other (<i>please specify</i>) _____	4

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4700. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Elementary and Secondary Education, U.S. Department of Education, 400 Maryland Avenue, S.W., Room 3W241, Washington, D.C. 20202-6200.

