**­General Information**

1. PR/Award #:
2. Grantee NCES ID #:
3. Project Title:
4. Grantee Name:
5. Grantee Address:
6. Project Director Name:

Phone:

Email Address:

1. Reporting Period: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Human Subjects (Annual Institutional Review Board (IRB) Certificate)**

1. Is the annual certificate in Institutional Review Board (IRB) approval attached? yes\_\_\_ no\_\_\_ N/A\_\_\_\_

**Performance Measures Status and Certification**

1. Performance Measure Status
	1. Are complete data on performance measures for the current budget period included in the Project Status Chart? yes\_\_\_ no\_\_\_
	2. If no, when will the data be available and submitted to the Department? \_\_\_\_\_\_\_\_\_\_\_
2. To the best of my knowledge and belief, all data in this performance report are true and correct, and the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the data.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Signature:

**Public 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. Public reporting burden for this collection of information is estimated to average 46 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Public Law 112-74-4 Consolidated Appropriations Act, 2012). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1810-XXXX. Note: Please do not return the completed TIF APR to this address.

**TIF 4 and TIF 5 Program-Specific Program Report**

**TIF 4 and 5 grantees should complete each section. Program-specific instructions will be provided in blue for TIF 4 and green for TIF 5 where instructions are different. Please read the accompanying submission guidance for detailed instructions. If information varies by LEA or district, information must be completed for each district or LEA participating in the grant. Please copy and paste the charts to collect data for each participating district.**

**Part 1: Executive Summary**

Please provide a written summary in the space below in response to the focus questions in the submission guidance.

**Part 2: TIF Program Objectives and Related Measures (including GPRA Measures)**

There are 15 questions in Part 2. All grantees must answer each question unless otherwise noted below.

|  |
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| 1. Communicating with and Engaging Stakeholders |
| How many trainings did you conduct with stakeholders on the educator evaluation or compensation systems? |  |
| Based on stakeholder feedback, what changes did you make to your communication plan this year? Describe the changes below. |
|  |
| In the space below, describe what role stakeholders had in helping to develop, modify, or maintain the educator evaluation system. |
|  |

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| 2. Data Management System |
| How many educators (teachers, principals/school leaders, or other personnel eligible for performance-based compensation) appealed the award process? Please summarize the appeal process and the reasons for appeals in the space below. |  |
|  |
| Did your grant meet its goal for delivering data for computing the final evaluation scores or payouts? Please provide specific examples and dates. If not, describe the reasons for the delay in the space below. |  |
|  |

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| 3. Professional Development Processes |
| In the space below, describe how teachers access recommendations for professional development based on educator evaluation data. |
|  |
| In the space below, describe how principals/school leaders access recommendations for professional development based on educator evaluation data. |
|  |
| In the space below, describe how other personnel access recommendations for professional development based on educator evaluation data. |
|  |
| In the space below, describe how you are targeting professional development based on data.  |
|  |
| In the space below, describe how you are providing professional development on your evaluation systems. |
|  |

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| 4. Human Capital Management  |
| In the space provided, indicate how the District uses educator evaluation systems to inform the following human capital decisions.  |
| Recruitment -  |
| Hiring - |
| Placement - |
| Retention - |
| Dismissal - |
| Tenure - |
| Promotion - |
| Professional Development - |

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| 5. Description of Evaluation Measures |
| Please provide the weight assigned to each measure along with a detailed description of each measure. *Please refer to the APR Guidance Document for specific instructions.* |
|  | **Percentage Weight** | **Description** |
| Student Academic Achievement Measure |  |  |
| Observation Measure |  |  |
| Other Measure |  |  |
| Other Measure  |  |  |

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| 6. Description of Student Academic Achievement Measures |
| In the space below, describe your progress toward developing classroom-level student academic achievement measures for teachers of traditionally non-tested grades and subjects within your TIF project.  |
|  |
| In the space below, describe your progress towards measuring student academic achievement for students with disabilities and English learners within your TIF project.  |
|  |

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| 7. Description of Observation Measures  |
| In the space below, please describe your method for ensuring inter-rater reliability, including any trainings and your method for calculating it. |
|  |
| Based on your method for calculating inter-rater reliability, what level of inter-rater reliability did you achieve? Please report the numeric value calculated using your metric of inter-rater reliability (e.g., Cohen’s kappa). |  |
| Provide a total for each of the following: |
| 1. How many trained observers conducted formal observations of teachers?
 |  |
| 1. How many trained observers conducted formal observations of principals/school leaders?
 |  |
| 1. How many trained observers conducted formal observations of other personnel?
 |  |
| 1. Give the total number of formal observations of teachers that trained observers performed.
 |  |
| 1. Give the total number of formal observations of principals/school leaders that trained observers performed.
 |  |
| 1. Give the total number of formal observations of other personnel that trained observers performed.
 |  |
| 1. In total, how many hours did trained observers spend conducting formal observations?
 |  |

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| 8. Teacher Evaluation System |
| Which of the following do you use in your grant’s teacher evaluation system? | **All: Used for All TIF- Eligible Teachers**  | **Some: Used Only for Some TIF- Eligible Teachers**  | **None: Not Used for any TIF-Eligible Teachers** |
| Live observations of classroom teaching |  |  |  |
| Videos of classroom teaching |  |  |  |
| Portfolios, lesson plans, student work samples, other artifacts |  |  |  |
| Parent surveys |  |  |  |
| Student surveys |  |  |  |
| Growth or gain of the students taught by individual teachers  |  |  |  |
| Growth or gain of the students taught by teams of teachers  |  |  |  |
| School-level student growth or gain  |  |  |  |
| Grade-level student growth or gain |  |  |  |
| Proficiency level attained by the individual teacher’s students |  |  |  |
| School-level student proficiency or attainment  |  |  |  |
| Grade-level student proficiency or attainment |  |  |  |
| Other (Please describe) |  |  |  |
| If you entered “other” measures above, please describe those measures in the space below. |
|  |

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| 9. Principal/School Leader Evaluation System |
| Which of the following do you use in your grant’s principal/school leader evaluation system? | **All: Used for All TIF- Eligible Principals** | **Some: Used Only for Some TIF- Eligible Principals** | **None: Not Used for TIF- Eligible Principals** |
| Observations of leadership practice |  |  |  |
| Portfolios, records, documents, or other artifacts representing leadership practice |  |  |  |
| Student academic achievement |  |  |  |
| School makes Adequate Yearly Progress or meets other state-set measurable objectives for student proficiency |  |  |  |
| Other school-wide measures such as graduation rates or student attendance |  |  |  |
| Parent surveys |  |  |  |
| Student surveys |  |  |  |
| Teacher/staff surveys |  |  |  |
| VAL-ED 360° feedback survey |  |  |  |
| Other (describe)  |  |  |  |
| If you entered “other” measures above, please describe those measures to them in the space below. |
|  |
| Please identify the title(s) of your school leaders in your principal/school leader evaluation system  |

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| 10. Description of Evaluation System |
| Does every district or school in your grant use the same teacher evaluation system? If not, please describe the difference(s) between the evaluation systems in the space below. |
|  |
| Does every district or school in your grant have the same principal/school leader evaluation system? If not, please describe the difference(s) between the evaluation systems in the space below.  |
|  |
| Does every district or school in your grant have the same other personnel evaluation system? If not, please describe the difference(s) between the evaluation systems in the place below. |
|  |
| Do you have different teacher and principal/school leader evaluation systems? |
|  |
| Describe your performance categories, how many levels you include, and how they are labeled (e.g., proficient, needs improvement, etc.) by completing the chart below. Indicate how many levels you include in your evaluation system and how these levels are labeled (where #1 represents the lowest category), and how they align with the TIF categories of Not Effective, Effective, and Highest Level of Effectiveness. TIF 3 Grantees: If you have fewer than three levels of effectiveness, indicate how your categories align with Not Effective and Effective.(Note: All questions from this point will ask you to report your responses in terms of the TIF categories.) |
| Level | The Label for Your Level (Category) | Align your categories with the following TIF categories by checking which TIF category applies to your category |
| Not Effective | Effective | Highest Level  |
| 1 (Lowest Level) |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5  |  |  |  |  |

**11. Performance Ratings**

For the current reporting period, please provide the **total** number of educators within each aggregate performance category of not effective, effective, and highest level of effectiveness.

**TIF 4 Grantees: TIF 4 grantees are only required to complete the table for the overall performance rating (12a). Provide the total number of teachers and principals in each rating based on the overall performance rating. Note that the performance categories align to the description of your performance categories in question 10.**

|  |
| --- |
| 11. Overall Performance Rating (TIF 4 GPRA Measure #1)  |
|  | Not Effective | Effective | Highest Level  | Not Rated |
| Teacher  |
| High-need schools with a PBCS |  |  |  |  |
| High-need schools without a PBCS |  |  |  |  |
| Non-high-need schools |  |  |  |  |
| Total |  |  |  |  |
| Principal |
| High-need schools with a PBCS |  |  |  |  |
| High-need schools without a PBCS |  |  |  |  |
| Non-high-need schools |  |  |  |  |
| Total |  |  |  |  |

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| --- |
| 11. Overall Performance Rating (TIF 5 GPRA Measure #6 and #7)  |
| Highest Level |
| Teacher  |
| High-need schools with a PBCS |  |
| High-need schools without a PBCS |  |
| Non-high-need schools |  |
| Total |  |
| Principal |
| High-need schools with a PBCS |  |
| High-need schools without a PBCS |  |
| Non-high-need schools |  |
| Total |  |

**12. Performance Ratings for Newly Hired Educators**

Please provide the number of educators categorized as newly hired during the reporting period who are rated as not effective, effective, or highest level of effectiveness. For the purposes of this survey, newly hired is defined as any educator working in the current reporting period hired within the past three school years.

|  |
| --- |
| 12. Overall Performance Rating |
|  | Not Effective | Effective | Highest Level  | Not Rated |
| New Teacher |
| High-need schools with a PBCS |  |  |  |  |
| High-need schools without a PBCS |  |  |  |  |
| Non-high-need schools |  |  |  |  |
| Total |  |  |  |  |
| New Principal/School Leader |
| High-need schools with a PBCS |  |  |  |  |
| High-need schools without a PBCS |  |  |  |  |
| Non-high-need schools |  |  |  |  |
| Total |  |  |  |  |
| New Other Personnel |
| High-need schools with a PBCS |  |  |  |  |
| High-need schools without a PBCS |  |  |  |  |
| Non-high-need schools |  |  |  |  |
| Total |  |  |  |  |

**13. Performance Ratings for Educators Retained in the Same School**

Please provide the number of educators s who were not effective, effective, or at the highest level in the last reporting period and who were retained in the same school for the current school year.

**TIF 4 Grantees: Provide the total number of teachers and principals in each rating based on the overall performance rating. Note that the performance categories align to the description of your performance categories in question 10.**

|  |
| --- |
| 13. Overall Performance Rating (TIF 4 GPRA Measure #3) |
|  | Not Effective | Effective | Highest Level  | Not Rated |
| Retained Teacher |
| High-need schools with a PBCS |  |  |  |  |
| High-need schools without a PBCS |  |  |  |  |
| Non-high-need schools |  |  |  |  |
| Total |  |  |  |  |
| Retained Principal |
| High-need schools with a PBCS |  |  |  |  |
| High-need schools without a PBCS |  |  |  |  |
| Non-high-need schools |  |  |  |  |
| Total |  |  |  |  |

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| --- |
| 13. Overall Performance Rating (TIF 5 GPRA Measure #3)  |
|  |  Highest Level |
| Retained Teacher |
| High-need schools with a PBCS |  |
| High-need schools without a PBCS |  |
| Non-high-need schools |  |
| Total |  |
| Retained Principal/School Leader |
| High-need schools with a PBCS |  |
| High-need schools without a PBCS |  |
| Non-high-need schools |  |
| Total |  |
| Retained Other Personnel |
| High-need schools with PBCS |  |
| High-need schools without a PBCS |  |
| Non-high need schools |  |
| Total |  |

**14. Performance Ratings for Teachers of High-Need Subjects**

Please provide the number of teachers For the purpose of this report, high-need subjects may include, but are not limited to, Science, Technology, Engineering, and Math (STEM); courses for students with disabilities (SWDs); and courses for English learners (EL).

**TIF 4 Grantees: Provide the total number of teachers in each rating based on the overall performance rating. Note that the performance categories align to the description of your performance categories in question 10.**

|  |
| --- |
| 14a. Description of High-Need Subjects |
| In the space below, please list all subjects the district defines as high-need.  |
|  |

|  |
| --- |
| 14b. Overall Performance Rating (TIF 4 GPRA Measure #2) |
|  | Not Effective | Effective | Highest Level  | Not Rated |
| High-Need Subject Teacher |
| High-need schools with a PBCS |  |  |  |  |
| High-need schools without a PBCS |  |  |  |  |
| Non-high-need schools |  |  |  |  |
| Total |  |  |  |  |

**15. Performance-Based Compensation**

Please provide the percentage of educators in all schools AND all High-Need schools who earned performance-based compensation.

**TIF 5 Grantees: Provide the percentage of educators in all schools AND all High-Need schools who earned performance-based compensation based on the overall performance rating. Note that the performance categories align to the description of your performance categories in question 10.**

|  |
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| 15. Percentage of Educators who earned performance-based compensation (TIF 5 GPRA Measure #1 and #2)  |
| Highest Level |
| Teacher |
| High-need schools with a PBCS |  |
| Non-high-need schools |  |
| Total |  |
| Principal/School Leader |
| High-need schools with a PBCS |  |
| Non-high-need schools |  |
| Total |  |
| Other Personnel |  |
| High-need schools with PBCS |  |
| Non-high need schools |  |
| Total |  |

**16. Resources for Performance-Based Compensation**

Please provide the percentage of performance-based compensation paid to educators with State, local, or other non-TIF Federal resources.

**TIF 5 Grantees: Provide the percentage of performance-based compensation paid to educators with State, local, or other non-TIF Federal resources**

|  |
| --- |
| 16. Resources for Performance-Based Compensation (TIF 5 GPRA Measure #5) |
|  | State | Local |  Non-TIF Federal resources |
| Teacher |  |  |  |
| Principal/School Leader |  |  |  |
| Other Personnel |  |  |  |
| Total |  |  |  |

**Part 3: Budget Information**

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| 17a. Current Year Budget Expenditures (To be completed by the Business Office) |
| Cost Categories  | **Current Year Budget**  | **Expended** **Through 4/30/17** | **Anticipated Additional Expenditures from** **5/1/17 to 9/30/17** | **Unexpended Funds** | **Funds Requested to Carry Over Into Next Budget Year** |
| Personnel  |  |  |  |  |  |
| Fringe Benefits  |  |  |  |  |  |
| Travel  |  |  |  |  |  |
| Equipment  |  |  |  |  |  |
| Supplies  |  |  |  |  |  |
| Contractual  |  |  |  |  |  |
| Other  |  |  |  |  |  |
| Subtotal direct costs |  |  |  |  |  |
| Indirect costs |  |  |  |  |  |
| Total  |  |  |  |  |  |

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| 17b. Budget Narrative |
| Please provide a narrative description of the Budget Information, item # 17a, in the space below. |
|  |

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| 18. Expenditures on Performance Awards by Funding Source |
|  | TIF | State | Local | Non-TIF Federal |
| Please provide the amount of TIF funds expended on performance-based awards for the current reporting year. |  |  |  |  |

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| 19. Performance-Based Payments |
| Cost Categories | **Initially Budgeted Previous Year Performance-Based Payment Expenditures** | **Actual Performance-Based Payment Expenditures**  |
| Personnel |  |  |
| Fringe  |  |  |
| Other |  |  |
| Total Costs |  |  |

|  |
| --- |
| 20. Number of Educators Who Received an Award |
|  | Teachers | Principals/School leaders | Other Personnel |
| Please provide the number of educators who received a performance-based award for the current reporting year. |  |  |  |

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| --- |
| 21a. Please provide the lowest, median, and highest teacher award amount for each of the following: (where applicable) |
|  | Lowest | Median | Highest |
| Total Payout |  |  |  |
| Observations |  |  |  |
| Student Growth |  |  |  |
| Other Measure(s): |  |  |  |

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| 21b. Please provide the lowest, median, and highest principal/school leader award amount for each of the following: (where applicable) |
|  | Lowest | Median | Highest |
| Total Payout |  |  |  |
| Observations |  |  |  |
| Student Growth |  |  |  |
| Other Measure(s): |  |  |  |
|  |  |  |  |

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| 21c. Please provide the lowest, median, and highest other personnel award amount for each of the following: (where applicable) |
|  | Lowest | Median | Highest |
| Total Payout |  |  |  |
| Observations |  |  |  |
| Student Growth |  |  |  |
| Other Measure(s): |  |  |  |

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| 22. Payouts by Performance CategoryPlease provide your total payouts by performance categories by completing the chart below. |
| Level | The Label for Your Level (Category) | Provide payout for each categories with the following TIF categories by checking which TIF category applies to your category |
| Not Effective | Effective | Highest Level  |
| 1 (Lowest Level) |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5  |  |  |  |  |

Part 4: Individual Project Objectives and Measures

**All grantees must complete a table and explanation for each project key objective and measure.**

**Project Objective 1:**

|  |  |
| --- | --- |
| 1a. Performance Measure | Quantitative Data |
|  | **Target** | **Actual Performance Data** |
|  |  |

|  |  |
| --- | --- |
| 1b. Performance Measure | Quantitative Data |
|  | **Target** | **Actual Performance Data** |
|  |  |

**1c. Explanation of Progress (Include Qualitative Data and Data Collection Information):**

**Part 5: Additional Information**

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| List of current partners on your grant. |
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