U.S. Department of Education　　　　OMB No: 1855-0031

Check only one box per Program Office instructions.

Exp: xx/xx/xxxx

☐ An　　　　nce Report　　☐ **Final Performance Report**

Check only one box per Program Office instructions.

☐ **Planning Year**　☐ **Implementation Year**

Public Burden Statement

Check only one box per Program Office instructions.

Exp: xx/xx/xxxx

☐ Annual Performance Report   ☐ Final Performance Report

Check only one box per Program Office instructions.

☐ Planning Year   ☐ Implementation Year

General Information

1. PR/Award #: Click here to enter text.   2. Grantee NCES ID#: Click here to enter text.

   (Block 5 of the Grant Award Notification - 11 characters.)   *(See instructions. Up to 12 characters.)*

3 Project Title: Click here to enter text.

   (Enter the same title as on the approved application.)

4. Grantee Name *(Block 1 of the Grant Award Notification.):* Click here to enter text.

5. Grantee Address *(See instructions.)* Click here to enter text.

6. Project Director *(See instructions.)* Name: Click here to enter text. Title: Click here to enter text.

   Phone #: Click here to enter text. Ext: (Click here to enter text.)   Fax #:   Click here to enter text.

   Email Address: Click here to enter text.

Reporting Period Information *(See instructions.)*

7. Reporting Period: From: Click here to enter a date. To: Click here to enter a date.

Budget Expenditures *(To be completed by your Business Office. See instructions.)*

8. Budget Expenditures

	Federal Grant Funds	**Non-Federal Funds** *(Match/Cost Share)*
a. Previous Budget Period	Enter $ Amount	Enter $ Amount
b. Current Budget Period	Enter $ Amount	Enter $ Amount
c. Entire Project Period *(For Final Performance Reports only)*	Enter $ Amount	Enter $ Amount

Indirect Cost Information *(To be completed by your Business Office. See instructions.)*

9. Indirect Costs

   a. Are you claiming indirect costs under this grant? ☐Yes ☐No

   b. If yes, do you have an Indirect Cost Rate Agreement approved by the Federal Government? ☐Yes ☐No

   c. If yes, provide the following information:

   Period Covered by the Indirect Cost Rate Agreement: From: Click here to enter a date. To: Click here to enter a date.

   Approving Federal agency: ☐ED ☐other *(Please specify)*: Click here to enter text.

   Type of Rate *(For Final Performance Reports Only)*: ☐ Provisional ☐ Final ☐ Other *(Please specify):* Click here to enter text.

   d. For Restricted Rate Programs *(check one)* -- Are you using a restricted indirect cost rate that:

   ☐ Is included in your approved Indirect Cost Rate Agreement?

   ☐ Complies with 34 CFR 76.564(c)(2)?

Human Subjects (Annual Institutional Review Board (IRB) Certification) *(See instructions.)*

10. Is the annual certification of Institutional Review Board (IRB) approval attached? ☐Yes ☐ No ☐ N/A

Performance Measures Status and Certification *(See instructions.)*

11. Performance Measures Status

   a. Are complete data on performance measures for the current budget period included in the Project Status Chart? ☐Yes ☐ No

   b. If no, when will the data be available and submitted to the Department? Click here to enter a date.

12. 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.

Click here to enter text.   Click here to enter text.
Name of Authorized Representative   Title

Click here to enter text.   Click here to enter a date.
Signature   Date

PR/Award # (11 characters): <u>Click here to enter text.</u>

EXECUTIVE SUMMARY

Address each section of the Executive Summary outlined. Keep your responses brief and do not exceed two pages.

Project highlights:

Extent to which the expected outcomes and performance measures were achieved:

Briefly summarize contributions the project has made to research, knowledge, practice, and/or policy in professional development for arts educators:

Progress Towards Meeting Program Level Goals: The goal of the PDAE program is to support the implementation of high-quality model professional development programs for K-12 educators and other instructional staff that will strengthen standards-based arts education programs and help ensure that all students meet challenging State academic content standards and challenging State student academic achievement standards in the arts.

Based on your current evaluation efforts, what evidence do you have that the project is leading to the creation of improved and/or innovative instructional methods and/or assessment tools?

Based on your current evaluation efforts, what evidence do you have that the project is changing classroom practices?

How will the work conducted under this project be sustained beyond the life of this grant?

PR/Award # (11 characters): **Click here to enter text.**

SECTION A – Population Served

Instructions: *Complete the table below for each participating school.*

School Name	Title I	SIG Tier[1]	In SIG Comp. Preference Priority?	% of students eligible for Free or Reduced Meals	% Female	Project a part of School Improvement Plan?	Number of participating teachers in current reporting period	Number of new participating teachers in current reporting period
Click here to enter text.				Enter %.	Enter %.		Enter #	Enter #
Click here to enter text.				Enter %.	Enter %.		Enter #	Enter #
Click here to enter text.				Enter %.	Enter %.		Enter #	Enter #
Click here to enter text.				Enter %.	Enter %.		Enter #	Enter #
Click here to enter text.				Enter %.	Enter %.		Enter #	Enter #

---

[1] This designation will no longer exist under the Every Student Succeeds Act (ESSA) as of the 2017-2018 school year.

PR/Award # (11 characters): **Click here to enter text.**

SECTION B - Performance Objectives Information and Related Performance Measures Data

GPRA Measure 1: The percentage of teachers participating in the PDAE Program who receive professional development that is sustained and intensive.

GPRA Measure 1 Target *(Contact your ED officer to obtain this percentage):* Click here to enter text.

		Total # of Participating Teachers Meeting Criteria	% of Participating Teachers Meeting Criteria
1	Professional development start date *(first day of initial professional development activity)*	Click here to enter a date.	
2	Professional development end date *(last day of final professional development activity)*	Click here to enter a date.	
3	Number of professional development hours offered by the project during the current reporting period	Enter #	
4	Projected number of participating teachers	Enter #	
5	Actual number of participating teachers	Enter #	
		1	2
6	**Criteria 1:** Participating teachers who completed 40 hours or more of the professional development hours offered by the project during the current reporting period	Enter #	Enter %.
7	**Criteria 2:** Participating teachers who completed 75% of the total number of professional development hours offered by the project during the current reporting period	Enter #	Enter %.
8	**Criteria 3:** Participating teachers who completed professional development hours over at least a 6 month period during the current reporting period	Enter #	Enter %.
9	**GPRA Measure 1 Actual:** Participating teachers who met Criteria 1, 2, AND, 3 above	Enter #	Enter %.

Explanation of Progress

a) Status of progress:

☐ Met ☐ Not Met ☐ In Progress *(only applicable to measures with completion dates that fall after the end of the reporting period. In Progress measures must be updated in the Ad Hoc Report)*

b) Description of progress (include challenges faced, if any).

c) If Measure was "Not Met," describe <u>how</u> and <u>when</u> the measure will be met, and any lessons learned.

SECTION B - Performance Objectives Information and Related Performance Measures Data

GPRA Measure 2: The percentage of PDAE projects whose teachers show a statistically significant increase in content knowledge in the arts.

GPRA Measure 2 Target: *There is a statistically significant increase in teacher content knowledge in the arts.*

	Testing*	
1	Date pretest administered	Click here to enter a date.
2	Date posttest administered	Click here to enter a date.
3	Actual number of participating teachers	Enter #
4	Number of participating teachers with both pretest and posttest scores used in the analysis	Enter #
5	Number of participating teachers with posttest scores greater than their pretest score	Enter #
6	Statistical test *(Paired Sample t-test or Wilcoxon)*	
7	Test statistic (t)	Enter statistic
8	p-value from the statistical test	Enter p-value
9	**GPRA Measure 2 Actual:** Did teachers who participated in the PDAE-funded project demonstrate a statistically significant increase in their content knowledge, based on pre- and posttest data?	

Explanation of Progress

a) Status of progress:

☐ Met ☐ Not Met ☐ In Progress *(only applicable to measures with completion dates that fall after the end of the reporting period. In Progress measures must be updated in the Ad Hoc Report)*

b) Description of progress (include challenges faced, if any).

c) If Measure was "Not Met," describe how and when the measure will be met, and any lessons learned.

PR/Award # (11 characters): **Click here to enter text.**

SECTION B - Performance Objectives Information and Related Performance Measures Data

Project Objective: Click here to enter text.

Project Performance Measure	Target			Actual		
	Raw Number	Ratio	%	Raw Number	Ratio	%
Click here to enter text.	Enter #	/	Enter %	Enter #	/	Enter %

Explanation of Progress:

a) Status of progress:

☐ Met   ☐ Not Met   ☐ In Progress *(only applicable to measures with completion dates that fall after the end of the reporting period. In Progress measures must be updated in the Ad Hoc Report)*

b) Description of progress (include challenges faced, if any)

c) If Measure was "Not Met," describe how and when the measure will be met, and any lessons learned.

PR/Award # (11 characters): **Click here to enter text.**

SECTION B - Performance Objectives Information and Related Performance Measures Data

Project Objective: Click here to enter text.						
Project Performance Measure	**Target**			**Actual**		
	Raw Number	**Ratio**	**%**	**Raw Number**	**Ratio**	**%**
Click here to enter text.	Enter #	/	Enter %	Enter #	/	Enter %

Explanation of Progress:

a) Status of progress:

☐ Met   ☐ Not Met   ☐ In Progress *(only applicable to measures with completion dates that fall after the end of the reporting period. In Progress measures must be updated in the Ad Hoc Report)*

b) Description of progress (include challenges faced, if any)

c) If Measure was "Not Met," describe <u>how</u> and <u>when</u> the measure will be met, and any lessons learned.

PR/Award # (11 characters): **Click here to enter text.**

SECTION B - Performance Objectives Information and Related Performance Measures Data

Project Objective: Click here to enter text.

Project Performance Measure	Target			Actual		
	Raw Number	Ratio	%	Raw Number	Ratio	%
Click here to enter text.	Enter #	/	Enter %	Enter #	/	Enter %

Explanation of Progress:

a) Status of progress:

☐ Met   ☐ Not Met   ☐ In Progress *(only applicable to measures with completion dates that fall after the end of the reporting period. In Progress measures must be updated in the Ad Hoc Report)*

b) Description of progress (include challenges faced, if any)

c) If Measure was "Not Met," describe <u>how</u> and <u>when</u> the measure will be met, and any lessons learned.

PR/Award # (11 characters): **Click here to enter text.**

SECTION B - Performance Objectives Information and Related Performance Measures Data

Project Objective: Click here to enter text.						
Project Performance Measure	**Target**			**Actual**		
	Raw Number	Ratio	%	Raw Number	Ratio	%
Click here to enter text.	Enter #	/	Enter %	Enter #	/	Enter %

Explanation of Progress:

a) Status of progress:

   ☐ Met   ☐ Not Met   ☐ In Progress *(only applicable to measures with completion dates that fall after the end of the reporting period. In Progress measures must be updated in the Ad Hoc Report)*

b) Description of progress (include challenges faced, if any)

c) If Measure was "Not Met," describe <u>how</u> and <u>when</u> the measure will be met, and any lessons learned.

PR/Award # (11 characters): <u>**Click here to enter text.**</u>

SECTION B - Performance Objectives Information and Related Performance Measures Data

Project Objective: Click here to enter text.

Project Performance Measure	Target			Actual		
	Raw Number	Ratio	%	Raw Number	Ratio	%
Click here to enter text.	Enter #	/	Enter %	Enter #	/	Enter %

Explanation of Progress:

a) Status of progress:

☐ Met ☐ Not Met ☐ In Progress *(only applicable to measures with completion dates that fall after the end of the reporting period. In Progress measures must be updated in the Ad Hoc Report)*

b) Description of progress (include challenges faced, if any)

c) If Measure was "Not Met," describe <u>how</u> and <u>when</u> the measure will be met, and any lessons learned.

PR/Award # (11 characters): **Click here to enter text.**

SECTION B - Performance Objectives Information and Related Performance Measures Data

Project Objective: Click here to enter text.

Project Performance Measure	Target			Actual		
	Raw Number	Ratio	%	Raw Number	Ratio	%
Click here to enter text.	Enter #	/	Enter %	Enter #	/	Enter %

Explanation of Progress:

a) Status of progress:

☐ Met ☐ Not Met ☐ In Progress *(only applicable to measures with completion dates that fall after the end of the reporting period. In Progress measures must be updated in the Ad Hoc Report)*

b) Description of progress (include challenges faced, if any)

c) If Measure was "Not Met," describe <u>how</u> and <u>when</u> the measure will be met, and any lessons learned.

SECTION C –Non-Construction Programs: Budget Summary

Instructions
1. **Approved Budget:** Enter the amount awarded for the current reporting year in each budget category. Enter the start date of the grant budget year (e.g., 10/1/14) and the end date of the budget year (e.g., 9/30/15). If you are not sure of the start and end dates of the budget year for your grant, contact your project officer.

2. **Carryover from Prior Year:** Enter the amount of any funds carried over from the prior budget year.

3. **Expenditures to Date:** Enter the amount of funds expended to date in each budget category. Enter the period that the expenditures cover. The start date will be the start of the grant budget year (e.g., 10/1/14). The end date will be the end of the current reporting period (e.g., 5/30/15). If you are not sure of the start of the budget year or the end of the current reporting period, contact your project officer.

4. **Anticipated Costs:** Enter the amount of funds encumbered that will be expended prior to the end of the grant budget year. If this report covers the end of the budget year, this column should be empty.

5. **Carryover to Following Year:** Enter the amount of funds you propose to carry over to the next budget period.

PR/Award # (11 characters): <u>Click here to enter text.</u>

SECTION C – Non-Construction Programs: Budget Summary

	BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS						
Budget Categories	**Approved Budget**	**Carryover from Prior Year**	**Expenditures**	**Anticipated Costs**		**Carryover to Following Year**	
Reporting Period:	*Start: mm/dd/yy* *End: mm/dd/yy*		*Start: mm/dd/yy* *End: mm/dd/yy*	*Start: mm/dd/yy* *End: mm/dd/yy*		*Start: mm/dd/yy* *End: mm/dd/yy*	
1. Personnel	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
2. Fringe Benefits	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
3. Travel	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
4. Equipment	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
5. Supplies	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
6. Contractual	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
7. Construction	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
8. Other	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
9. Total Direct Costs (lines 1-8)	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
10. Indirect Costs	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
11. Training Stipends	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
12. Total Costs (lines 9-11)	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	

PR/Award # (11 characters): <u>Click here to enter text.</u>

SECTION C – Non-Construction Programs Budget Summary

	BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS						
Budget Categories	**Approved Budget**	**Carryover from Prior Year**	**Expenditures**	**Anticipated Costs**		**Carryover to Following Year**	
Reporting Period:	*Start: mm/dd/yy* *End: mm/dd/yy*		*Start: mm/dd/yy* *End: mm/dd/yy*	*Start: mm/dd/yy* *End: mm/dd/yy*		*Start: mm/dd/yy* *End: mm/dd/yy*	
1. Personnel	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
2. Fringe Benefits	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
3. Travel	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
4. Equipment	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
5. Supplies	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
6. Contractual	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
7. Construction	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
8. Other	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
9. Total Direct Costs (lines 1-8)	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
10. Indirect Costs	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
11. Training Stipends	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	
12. Total Costs (lines 9-11)	Enter $ Amount	Enter $ Amount	Enter $ Amount	Enter $ Amount		Enter $ Amount	

PR/Award # (11 characters): **Click here to enter text.**

SECTION C – Budget Information

1. Please provide an explanation if funds have not been drawn down from the G5 System to pay for the budget expenditure amounts reported in items 8a. – 8c of the Cover Sheet:

2. Please provide an explanation if you *did not* expend funds at the expected rate during the reporting period:

3. Describe any significant changes to your budget resulting from modification of project activities:

4. Please describe any changes to your budget that affected your ability to achieve your approved project activities and/or project objectives:

5. Do you expect to have any unexpended (carryover) funds at the end of the current budget period? ☐ Yes ☐ No.

   a. If yes, please explain why, provide an estimate, and indicate how you plan to use the unexpended funds in the next budget period:

6. Describe any anticipated changes in your budget for the **next** budget period that require prior approval from the Department (see EDGAR, 2 CFR 200.407, as applicable):

SECTION D – Budget Narrative

Instructions

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections C. For grant projects that will be divided into two or more separately budgeted major activities or sub-projects, show for each budget category of a project year the breakdown of the specific expenses attributable to each sub-project or activity.

2. For non-Federal funds or resources listed in Section C that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
    a. The specific costs or contributions by budget category;
    b. The source of the costs or contributions; and
    c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

    [Please review ED's general cost sharing and matching regulations, which include specific limitations in 2 CFR 200.306, and the applicable Office of Management and Budget (OMB) cost principles for your entity type regarding donations, capital assets, depreciation and use allowances. OMB cost principle circulars are available on OMB's website at: http://www.whitehouse.gov/omb/circulars/index.html]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If you are requesting reimbursement for indirect costs on line 10, this information is to be completed by your Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which you are applying and/or your approved Indirect Cost Rate Agreement, some direct cost budget categories in your grant application budget may not be included in the base and multiplied by your indirect cost rate. For example, you must multiply the indirect cost rates of "Training grants" (34 CFR 75.562) and grants under programs with "Supplement not Supplant" requirements ("Restricted Rate" programs) by a "modified total direct cost" (MTDC) base (34 CFR 75.563 or 76.563). Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

    When calculating indirect costs (line 10) for "Training grants" or grants under "Restricted Rate" programs, you must refer to the information and examples on ED's website at: http://www.ed.gov/fund/grant/apply/appforms/appforms.html.

    You may also contact (202) *245-8082* for additional information regarding calculating indirect cost rates or general indirect cost rate information.

5. Provide other explanations or comments you deem necessary.

Begin your response here:

PR/Award # (11 characters): <u>Click here to enter text.</u>

SECTION D – Budget Narrative

PR/Award # (11 characters): **Click here to enter text.**

SECTION E –Additional Information

Project Overview:

1. **Overview of the professional development approach/model:**

2. **Description of key components of the professional development approach/model necessary for successful implementation:**
   (should include a description of the role of learning communities and school leaders; the use of resources and the use of data; the use of research based learning designs and research on teacher change; and alignment with standards – as applicable)

3. **Description of innovative instructional methods used:**

4. **Arts Focus:** ☐ Dance ☐ Folk Arts ☐ Media Arts ☐ Music ☐ Theater ☐ Visual Arts

5. **Core Content Focus** *(e.g., science, social studies, reading, math) (Enter all content areas)***:**

6. **Project focus** *(check all that apply)***:**
   ☐ Development, enhancement, or expansion of standards-based arts education programs
   ☐ The integration of standards-based arts instruction with other core academic area content

7. **Has your state developed standards for Arts Education?**
   ☐Yes. Name of standards:
   ☐No

8. **This model is aligned to:**

National Standards *(the arts standards developed by the Coalition for Core Arts Standards- 2014 or the National Voluntary Standards for the Arts-1994)*	☐ Yes	☐ No
State Standards	☐ Yes	☐ No

9. **Please indicate how your implementation of the professional development approach or model has changed over the past year** *(if applicable)***:**

PR/Award # (11 characters): **Click here to enter text.**

SECTION E –Additional Information

Description of Project Implementation

10. Professional Development
a) Please list the professional development activities in which your staff participated during this reporting period.

PD Activity	Purpose	Description of Participants (include number of each participant type – e.g., classroom teachers, art teachers etc.)	Approximate # of hours devoted to activity	Completion Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date

b) Are there professional development activities you proposed to develop in your application that you are no longer developing? ☐ Yes ☐ No. If Yes, Why?

c) Are there professional development activities that you did not propose in your application that you are now conducting?
☐ Yes ☐ No. If Yes, Why?

PR/Award # (11 characters): <u>**Click here to enter text.**</u>

SECTION E –Additional Information

11. **Assessment Tools**
    a) Please list the instructional staff assessment tools that are being used in this project.

Name and Description of Tool	How it will be/has been administered	Outcome being Measured	Associated Performance Measure #	Completion Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date

    b) Are there assessment tools you proposed to administer or develop in your application that you are no longer administering or developing? ☐ Yes ☐ No. If Yes, Why?

    c) Are there assessment tools you did not propose in your application that you are now using or planning to use?
       ☐ Yes ☐ No. If Yes, Why?

PR/Award # (11 characters): <u>**Click here to enter text.**</u>

SECTION E –Additional Information

12. Key Resources Developed

    a) Please list the key resources that have been developed through this project (e.g., lesson plans, websites).

Name of Resource	Description of Resource and How it Will Be Used	Arts Focus/Core Content Focus	Completion Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter Date

    b) Are there resources you proposed to develop in your application that you are no longer developing? ☐ Yes ☐ No. If Yes, Why?

    c) Are there resources you did not propose in your application that you are now developing? ☐ Yes ☐ No. If Yes, Why?

PR/Award # (11 characters): <u>**Click here to enter text.**</u>

SECTION E –Additional Information

13. Evaluation

a) Please list the evaluation activities that occurred during this reporting period.

Evaluation Activities	Key Findings	How findings were or will be used	Associated Performance Measure #	Completion Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter Date

a) Are there evaluation activities that you proposed in your application that you are no longer conducting? ☐ Yes ☐ No. If Yes, Why?

b) Are there evaluation activities that you did not propose in your application that you are now conducting? ☐ Yes ☐ No. If Yes, Why?

c) Select the primary evaluation methodology being used to examine the impact of the project on teacher outcomes

☐ Experimental study

☐ Quasi-Experimental study

☐ Other. *Describe*:

d) Indicate the extent to which this study may meet What Works Clearing Evidence Standards:

☐ May meet What Works Clearinghouse Evidence Standards **Without Reservations**   ☐ Will not meet What Works Clearinghouse Evidence Standards. Explain:

☐ May meet What Works Clearinghouse Evidence Standards **With Reservation**

PR/Award # (11 characters): <u>**Click here to enter text.**</u>

SECTION E –Additional Information

14. Dissemination

a) **Is dissemination scheduled for the current program year?** ☐Yes ☐ No. If "Yes", please fill in the chart below. If" No", Why Not?

Dissemination Topic	Dissemination Method	Scheduled Completion	Actual Completion
Click here to enter text.	Click here to enter text.	Enter Date	Enter Date
Click here to enter text.	Click here to enter text.	Enter Date	Enter Date
Click here to enter text.	Click here to enter text.	Enter Date	Enter Date
Click here to enter text.	Click here to enter text.	Enter Date	Enter Date
Click here to enter text.	Click here to enter text.	Enter Date	Enter Date

b) **Is dissemination scheduled for the next program year?** ☐Yes ☐ No. If "Yes", please fill in the chart below. If" No", Why not?

Dissemination Topic	Dissemination Method	Scheduled Completion
Click here to enter text.	Click here to enter text.	Enter Date
Click here to enter text.	Click here to enter text.	Enter Date
Click here to enter text.	Click here to enter text.	Enter Date
Click here to enter text.	Click here to enter text.	Enter Date
Click here to enter text.	Click here to enter text.	Enter Date

PR/Award # (11 characters): <u>**Click here to enter text.**</u>

SECTION E –Additional Information

15. **Partnerships**
   a)   Please list all project partners.

Partner Name *(include all partners listed in your application and all new partners)*	Role and Activities	Current Partner	Partner is a key decision maker
Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.		

   b)   Has the role of any of your partners changed from what you proposed in your application? ☐ Yes ☐ No. If Yes, Why?

16. **Other Activities**
   a)   Please list any other key activities that occurred during this reporting period which have not been included above and their completion dates.

   b)   Are there other key activities that you proposed in your application that you are no longer conducting? ☐ Yes ☐ No. If Yes, Why?

   c)   Are there other key activities that you did not propose in your application that you are now conducting? ☐ Yes ☐ No. If Yes, Why?

PR/Award # (11 characters): **Click here to enter text.**

SECTION E –Additional Information

Progress Towards Meeting Program Level Priorities

17. How many Priorities did you address in your application? _____

Complete the table below for each priority addressed:

Priority Name	How was the priority addressed during the reporting period
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

PR/Award # (11 characters): <u>**Click here to enter text.**</u>

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1855-0031. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing sources of data, gather data needed, and complete and review information collection. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to the U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission, please contact Bonnie Carter at <u>Bonnie.Carter@ed.gov</u> or (202) 401-3576 or Asheley McBride at <u>Asheley.McBride@ed.gov</u> or 202-453-6398.   .