OMB No: 1855-0031
Exp: xx/xx/xxxx

U.S. Department of Education

Check only one box per Program Office instructions.
☐ **Annual Performance Report** ☐ **Final Performance Report**

Check only one box per Program Office instructions.
☐ **Planning Year** ☐ **Implementation Year**

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. The valid OMB control number for this information collection is 1855-0031. Public reporting burden for this collection of information is estimated to average 40 hours per response, including the 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 a benefit under Title IV, Part F, Subpart 4 of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act. If you have any comments or concerns regarding the status of your individual submission of this form, please contact Bonnie Carter at Bonnie.Carter@ed.gov or (202) 401-3576 or Asheley McBride at Asheley.McBride@ed.gov or 202-453-6398.

U.S. Department of Education
Grant Performance Report
Project Status

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

General Information

1. PR/Award #: Click here to enter text.
(Block 5 of the Grant Award Notification - 11 characters.)

2. Grantee NCES ID#: Click here to enter text.
(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.
Name of Authorized Representative

Click here to enter text.
Title

Click here to enter text.
Signature

Click here to enter a date.
Date

U.S. Department of Education
Grant Performance Report
Project Status

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

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:

Progress Towards Meeting Program Level Goals: The goal of the AEMDD program is to support the enhancement, expansion, documentation, evaluation, and dissemination of innovative, cohesive arts integration models that are based on research.

How has your project integrated standards-based arts education into the core elementary and middle school curriculum?

How has your project strengthened standards-based arts instruction in elementary and middle school classrooms?

Based on your current evaluation efforts, what evidence do you have that your project has improved students' academic performance, including their skills in creating, performing, and responding to the arts?

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

U.S. Department of Education
Grant Performance Report
Project Status

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

SECTION A – Population Served

Instructions: *Complete the table below for each participating* *__treatment__* *school. Grantees in a planning year must still report on student achievement. This will serve as your project's baseline data. Grantees in a planning year may be contacted to provide additional data.*

Table 1

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?	Grade Levels		# of Students		School-Based Instructional Staff		GPRA Measure Data # of Participating Treatment Students			
							In School	Participating in Project	In School	Participating in Project	# of Participating Classroom Teachers	# of Other Participating Staff	Who Took Test		Who Achieved Proficiency	
													Reading	Math	Reading	Math
Click here to enter text.	Select	Select	Select	r %	Enter %	Select	r #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #
Click here to enter text.	Select	Select	Select	r %	Enter %	Select	r #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #
Click here to enter text.	Select	Select	Select	r %	Enter %	Select	r #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #
Click here to enter text.	Select	Select	Select	r %	Enter %	Select	r #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #
Click here to enter text.	Select	Select	Select	r %	Enter %	Select	r #	Enter #	Enter #	Enter #	Enter #	Enter #	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.

U.S. Department of Education
Grant Performance Report
Project Status

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

SECTION A – Population Served

Instructions: *Complete the table below for each participating comparison school. Grantees in a planning year must still report on student achievement. This will serve as your project baseline data.*

Table 2

School Name	Title I	SIG Tier[2]	In SIG Comp. Preference Priority?	% of students eligible for Free or Reduced Meals	% Female	Grade Levels		# of Students		GPRA Measure Data # of Participating Comparison Students			
						In School	Participating as Comparison Group	In School	Participating as Comparison Group	Who Took Test		Who Achieved Proficiency	
										Reading	Math	Reading	Math
Click here to enter text.	Select	Select	Select	Enter %	Enter %	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #
Click here to enter text.	Select	Select	Select	Enter %	Enter %	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #
Click here to enter text.	Select	Select	Select	Enter %	Enter %	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #
Click here to enter text.	Select	Select	Select	Enter %	Enter %	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #
Click here to enter text.	Select	Select	Select	Enter %	Enter %	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #	Enter #

[2] 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 A – Population Served

Table 3: GPRA Summary Table (Measure 1)

Complete the summary table in this section using the information below:

GPRA Measure 1: The percentage of students participating in arts model projects funded through the AEMDD program who demonstrate proficiency in **mathematics** compared to those in control or comparison groups.		
Target	This number is established annually by ED. Contact your ED officer to obtain this percentage.	
Name of test(s) and grade levels assessed	Enter the name of the test used to assess students' performance. If different tests are used at different grade levels enter the name of each test and the grade levels assessed by each test.	
	AEMDD Students	**Comparison Students**
Number of students taking standardized tests	[1]	[3]
Number of students achieving proficiency*	[2]	[4]
% of students achieving proficiency	A = [2]/[1] * 100%	B = [4]/[3] * 100%
Actual	C = (A – B) /B * 100	

Note: *If using a standardized test, please refer to your state's definition of proficiency for that test.

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 A – Population Served

Table 4: GPRA Summary Table (Measure 2)

Complete the summary table in this section using the information below:

GPRA Measure 2: The percentage of students participating in arts model projects funded through the AEMDD program who demonstrate proficiency in **reading** compared to those in control or comparison groups.		
Target	This number is established annually by ED. Contact your ED officer to obtain this percentage.	
Name of test(s) and grade levels assessed	Enter the name of the test used to assess students' performance. If different tests are used at different grade levels, enter the name of each test and the grade levels assessed by each test.	
	AEMDD Students	**Comparison Students**
Number of students taking standardized tests	[1]	[3]
Number of students achieving proficiency*	[2]	[4]
% of students achieving proficiency	A = [2]/[1] * 100%	B = [4]/[3] * 100%
Actual	C = (A – B) /B * 100	

Note: *If using a standardized test, please refer to your state's definition of proficiency for that test.

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.

U.S. Department of Education
Grant Performance Report
Project Status

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.

U.S. Department of Education
Grant Performance Report
Project Status

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.

U.S. Department of Education
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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).

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

U.S. Department of Education
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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.

U.S. Department of Education
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Project Status

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.

U.S. Department of Education
Grant Performance Report
Project Status

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

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): Click here to enter text.

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 – Non-Construction Programs: Budget Summary

BUDGET SUMMARY NON-FEDERAL 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 – Non-Construction Programs: Budget Summary

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): Click here to enter text.

SECTION D – Budget Narrative

U.S. Department of Education
Grant Performance Report
Project Status

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

SECTION E –Additional Information

Project Overview:

1. **Name and description of Arts Integration Model:**

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

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

4. **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

5. **Has your state developed standards for Arts Education?**
   ☐Yes. Name of standards: Click here to enter text.
   ☐No

6. **The 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

7. **Please indicate how your implementation of the 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

8. Assessment Tools

a) Please list the student and 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): Click here to enter text.

SECTION E –Additional Information

9. Professional Development

a) Please list the grant related professional development activities in which instructional 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 #
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter #
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter #
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter #
Click here to enter text.	Click here to enter text.	Click here to enter text.	Enter #	Enter #

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): Click here to enter text.

SECTION E –Additional Information

10. 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?

SECTION E –Additional Information

11. 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

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

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

d) Select the primary evaluation methodology being used to examine the impact of the project on student outcomes

☐ Experimental study

☐ Quasi-Experimental study

☐ Other. *Describe*: Click here to enter text.

e) Indicate the extent to which this study may meet What Works Clearinghouse Evidence Standards:

☐ May meet What Works Clearinghouse Evidence Standards **Without Reservations**

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

☐ Will not meet What Works Clearinghouse Evidence Standards. Explain:

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

SECTION E –Additional Information

12. 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.	Select	Select
Click here to enter text.	Click here to enter text.	Select	Select
Click here to enter text.	Click here to enter text.	Select	Select
Click here to enter text.	Click here to enter text.	Select	Select
Click here to enter text.	Click here to enter text.	Select	Select

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

13. 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

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

SECTION E –Additional Information

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

14. 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?

SECTION E –Additional Information

Progress Towards Meeting Program Level Priorities

15. 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.

U.S. Department of Education
Grant Performance Report
Project Status

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

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 Bonnie.Carter@ed.gov or (202) 401-3576 or Asheley McBride at Asheley.McBride@ed.gov or 202-453-6398.