



Proposal Form

***Please print neatly or type your responses**

The goal of Project EXTRA! is that students will enhance areas of strength and strengthen areas of weakness in academics; learn life skills, new hobbies and healthy leisure activities; bond with other students and adult mentors; and serve the community all while being safely supervised.

Date:

Name:

School:

Daytime Phone:

E-mail:

Proposed Activity:

Hours of Operation:

Days of Operation:

Weeks of Operation:

Target Age Group:

Maximum # of Participants:

of volunteers needed to provide this activity:

Space Requirements:

Material Requirements:

Costs (Please attach a detailed budget for materials, supplies and any possible transportation you would need to support this activity.)

Predicted Impact on Student Academic Achievement (Please tie the benefits of your proposal to your building and school district goals):

Please mark the goal(s) that this activity meets:

1. Students will enhance areas of strength and strengthen areas of weakness in academics.
2. Students will learn life skills, new hobbies and leisure activities.
3. Students will bond with other students and adult mentors in the process.
4. Students will serve their community.
5. Students will be safely supervised.

Please mark the categories that this activity fits into:

- Remedial education activities
- Academic enrichment learning programs
- Tutoring/supplemental educational services
- Mentoring
- Activities for English Language Learners
- Recreational activities
- Activities that target students who have been truant, suspended, or expelled
- Drug and violence prevention programs, counseling programs, and character education programs
- Programs that promote parental involvement and family literacy
- Career/job training
- Expanded library service hours

What subject area(s) does this activity address?

- Reading/literacy education activities
- Mathematics education activities
- Science education activities
- Arts and music education activities
- Entrepreneurial education programs
- Telecommunications and technology education programs
- Cultural activities/social studies
- Health/nutrition-related activities
- Other:

If you have any questions, feel free to call Martina Green at 524-5710 x 320, or e-mail mgreen@laconia.k12.nh.us. After receipt of your proposal, a meeting will be scheduled if necessary. AN EVALUATION IS REQUIRED WITHIN 15 DAYS OF PROJECT COMPLETION.

Please e-mail or fax proposal forms to the appropriate Site Director:

Elm Street School: Christy Cunningham, ccunningham@laconia.k12.nh.us, 528-1249

Laconia High School: Paul Robdau, probdau@laconia.k12.nh.us, 524-5711

Memorial Middle School: Deb Williams, dwilliams@laconia.k12.nh.us, 528-8675

Pleasant Street School: Mary Doherty, mdoherty@laconia.k12.nh.us, 528-8452

Woodland Heights School: Lynn Vazquez, lvazquez@laconia.k12.nh.us, 528-4816

Note: Project EXTRA! Is funded through 21st Century Community Learning Center funds (21st CCLC). It is imperative to evaluate each activity. Evaluations are due within 15 days of activity/project completion. An evaluation form is included.

Thank you for your assistance and participation in Project EXTRA!



Project EXTRA! Activity/Project Evaluation

Provide a brief description of the successes/key accomplishments and challenges in linking with the school day. List individuals or positions whom you hope will be more involved with the program in the future.

Provide information and/or anecdotes about the impact of your activity/project on the students and/or community. Include data and evidence of your assertions where possible.

Describe the academic success stories or challenges from your activity/project.

Number of Individuals Served:

Please indicate the Number of:	Number of Student Attendees	Number of Adult Family Member Attendees (19 or Older)
1. Unduplicated individuals served.		

Regular Attendees:

Please indicate the Total Number of Students Who:	# of Student Attendees
a) Attended fewer than 30 days during the activity/project.	
b) Attended 30 days or more during the activity/project.*	
Total	

*Please provide a list of names of all students who attended, their grade and the number of days they attended so that teachers may be surveyed. Thank you.

Characteristics of Activity/Project Staffing

In the table below, enter the *number* of staff from each category who worked with *students* participating in the activity/project. Include a list of staff names.

Type of Staff Member	Paid	Volunteer
School-day Teachers (include former and substitute teachers)		
College Students		
High School Students		
Parents		
Youth Development Workers		
Other Community Members (ie. Business mentors, senior citizens, clergy, etc.)		
Other Non-teaching School Staff (ie. Librarians, guidance counselors, paraeducators, etc.)		
Other		
Total		

Please administer the attached student survey as part of you evaluation of the activity/project.

Thank you for your assistance.



**Students Who Attend 21st CCLC After School Programs
What is YOUR Opinion?**

We are looking at our after-school program to learn what is good and what could be better. We want to use your ideas to make the program better. Please take the time to answer these questions. There are no right or wrong answers. We just want to know what you think about the program. We do not want you to put your name on this survey.

Part A: Please choose ONE answer for each question. Completely fill in the circle next to your answer:

1. What grade are you in? Fourth Fifth Sixth Seventh Eighth
2. What gender are you? Male Female
3. How many days each week do you usually come to the program? One day Two days Three days Four days Five days

Part B: Please fill in ONE circle for each question

Choose "YES!!" if you feel the statement is VERY TRUE for you.
 Choose "yes" if you feel the statement is MOSTLY TRUE for you.
 Choose "no" if you feel the statement is MOSTLY NOT TRUE for you.
 Choose "NO!!" if you feel the statement is NOT AT ALL TRUE for you.

Question	YES!!	yes	no	NO!!
4. Do you look forward to going to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you study hard for tests?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you feel safe at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do your parents talk to you about school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question	YES!!	yes	no	NO!!
8. Do you like coming to the after school program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do you feel comfortable talking with program staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you get to give your opinion about what <u>you</u> do in an after school program activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Is someone available in the program to help you when you need it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question	YES!!	yes	no	NO!!
12. Do you have enough time to relax and be with your friends during the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Are you doing better in school since you started coming to the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Do you try harder in school because of this program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Does the program help you to enjoy school more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question	Almost Always	Sometimes	Rarely
16. How often do you go to homework assistance at the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part C:

17. **Of the activities that you attended, please list your top three favorites:**

1.

2.

3.

18. **Were there any activities that you didn't like? Which ones?**

19. **What new activities would you like to see offered?**

20. **What would you usually be doing if you did not attend the program?**

(Fill in the circles next to all the items that are true for you)

- | | |
|---|---|
| <input type="radio"/> Doing homework | <input type="radio"/> Listening to radio or CD's |
| <input type="radio"/> Watching TV | <input type="radio"/> Taking care of my sister or brother |
| <input type="radio"/> Playing computer games/internet | <input type="radio"/> Going to lessons or clubs in town |
| <input type="radio"/> Hanging out downtown | <input type="radio"/> Staying for other school activities |
| <input type="radio"/> Being with my friends at home | <input type="radio"/> Reading |
| <input type="radio"/> Other (please explain): | |

21. **What do you like best about the program?**

22. **What would you change about this program?**

23. **Is there anything else you'd like to tell us about the program?**