

# ANNUAL EVALUATION OF ACTIVITIES

School Name \_\_\_\_\_

School Year \_\_\_\_\_

Take **30 - 60 minutes** to reflect as a team on how your ATP has contributed to the school's overall programme for school, family and community engagement, and on how well each activity you carried out was planned and implemented. At the end of the school year, the completed Annual Evaluation of Activities will assist the ATP in deciding which activities to continue, omit, or improve in its plans for the next school year. If you have not carried out an evaluation of the previous school year already, now is a great time to do it as it will help set your goals for the school year ahead.

1. Overall, how does the ATP contribute to the school's program of school, family, and community partnerships? (Tick the option which best describes your ATP)

Our ATP contribution is:

\_\_\_\_\_ Just starting, not well developed, or needs a great deal of work

\_\_\_\_\_ Implemented, but needs improvement and expansion

\_\_\_\_\_ Developed, focused on school improvement goals, covers all six types of involvement, and addresses the needs of *most* families in *most* classes

\_\_\_\_\_ Well-developed and well implemented, focused on school improvement goals, covers all six types of involvement, and addresses the needs of *all* families in *all* classes

2. How many ATP meetings have you had this school year? (Circle)

0	1	2	3	4	5	6	6+
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3. What has changed most in the past year as a result of the school's work on family and community involvement?

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4. Did the students in your school benefit from the goals achieved? (Circle)

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know \_\_\_\_\_

**5. How do you know if your goals have been achieved? Please provide details if possible.**

Data \_\_\_\_\_

Survey \_\_\_\_\_

Improvement in student attainment \_\_\_\_\_

Verbal or written comments \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**6. What was your greatest achievement as an ATP during the 2018-2019 school year?**

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**7. What were your greatest challenge? How did you work to resolve this challenge?**

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**8. Have you celebrated achieving your goals for the last school year? If so, how?**

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**9. Will the Action Team for Partnership be continuing in your school for the next school year?**

Yes \_\_\_\_\_

No \_\_\_\_\_

Don't know \_\_\_\_\_

## Goal 1–ACADEMIC

Which curricular goal for improving student learning and achievement was listed in the *One-Year Action Plan for Partnerships* for the last school year?

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**Current status of Goal 1 (Tick one)**

<i>It's completed.</i>	<input type="checkbox"/>	<i>We have started working on it.</i>	<input type="checkbox"/>	<i>We have not started work on this goal yet.</i>	<input type="checkbox"/>
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As a team, discuss the activities you undertook to work on Goal 1. Discuss the next steps that should be taken to maintain and improve (or to discontinue) the activities for Goal 1 in the next school year.  
(Mark the face which best matches your ATP activities)

How well were the activities that made up this goal planned?	
How helpful were ATP members and others at the school?	
How well was the activity implemented?	
Did it reach the target audience?	
How well did the activities contribute to desired result(s) for Goal 1?	
Will <u>these activities</u> be continued in the next school year?	YES or NO
If <b>NO</b> , why not?	
If <b>YES</b> , what should be done to improve this activity?	
Will <u>this goal</u> be continued in the new <i>One-Year Action Plan for Partnerships</i> for the next school year?	YES or NO

**Who were involved in the activities to achieve this goal? (Tick one)**

Teachers and school staff	<input type="checkbox"/>
Parents and family members of the students	<input type="checkbox"/>
Students	<input type="checkbox"/>
Community members	<input type="checkbox"/>
All of the above	<input type="checkbox"/>

**How did the students benefit from Goal 1- Academic?**

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## Goal 2–ACADEMIC

Which curricular goal for improving student learning and achievement was listed in the *One-Year Action Plan for Partnerships* for the last school year?

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**Current status of Goal 2 (Tick one)**

<i>It's completed.</i>	<input type="checkbox"/>	<i>We have started working on it.</i>	<input type="checkbox"/>	<i>We have not started work on this goal yet.</i>	<input type="checkbox"/>
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As a team, discuss the activities you undertook to work on Goal 2. Discuss the next steps that should be taken to maintain and improve (or to discontinue) the activities for Goal 2 in the next school year.  
(Mark the face which best matches your ATP activities)

How well were the activities that made up this goal planned?	
How helpful were ATP members and others at the school?	
How well was the activity implemented?	
Did it reach the target audience?	
How well did the activities contribute to desired result(s) for Goal 1?	
Will <b>these activities</b> be continued in the next school year?	YES or NO
If <b>NO</b> , why not?	
If <b>YES</b> , what should be done to improve this activity?	
Will <b>this goal</b> be continued in the new <i>One-Year Action Plan for Partnerships</i> for the next school year?	YES or NO

**Who was involved in the activities to achieve this goal? (Tick one)**

Teachers and school staff	<input type="checkbox"/>
Parents and family members of the students	<input type="checkbox"/>
Students	<input type="checkbox"/>
Community members	<input type="checkbox"/>
All of the above	<input type="checkbox"/>

**How did the students benefit from Goal 2- Academic?**

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## Goal 3 - BEHAVIOURAL

Which goal for improving behaviour, attitudes, or other was listed in the *One-Year Action Plan for Partnerships* for the last school year?

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**Current status of Goal 3 (Tick one)**

<i>It's completed!</i>	<input type="checkbox"/>	<i>We have started working on it.</i>	<input type="checkbox"/>	<i>We have not started work on this goal yet.</i>	<input type="checkbox"/>
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As a team, discuss the activities you undertook to work on Goal 3. Discuss the next steps that should be taken to maintain and improve (or to discontinue) the activities for Goal 3 in the next school year.  
 (Mark the face which best matches your ATP activities)

How well were the activities that made up this goal planned?	
How helpful were ATP members and others at the school?	
How well was the activity implemented?	
Did it reach the target audience?	
How well did the activities contribute to desired result(s) for Goal 1?	
Will <b>these activities</b> be continued in the next school year?	YES or NO
If <b>NO</b> , why not?	
If <b>YES</b> , what should be done to improve this activity?	
Will <b>this goal</b> be continued in the new <i>One-Year Action Plan for Partnerships</i> for the next school year?	YES or NO

**Who were involved in the activities to achieve this goal? (Tick one)**

Teachers and school staff	<input type="checkbox"/>
Parents and family members of the students	<input type="checkbox"/>
Students	<input type="checkbox"/>
Community members	<input type="checkbox"/>
All of the above	<input type="checkbox"/>

How did the students benefit from Goal 3- Behavioural?

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## Goal 4 – CLIMATE OF PARTNERSHIP

Which goal for strengthening the six types of family and community involvement was listed in the *One-Year Action Plan for Partnerships* for the last school year?

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**Current status of Goal 4 (Tick one)**

<i>It's completed!</i>	<input type="checkbox"/>	<i>We have started working on it.</i>	<input type="checkbox"/>	<i>We have not started work on this goal yet.</i>	<input type="checkbox"/>
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**As a team, discuss the activities you undertook to work on Goal 4. Discuss the next steps that should be taken to maintain and improve (or to discontinue) the activities for Goal 4 in the next school year.  
(Mark the face which best matches your ATP activities)**

How well were the activities that made up this goal planned?	
How helpful were ATP members and others at the school?	
How well was the activity implemented?	
Did it reach the target audience?	
How well did the activities contribute to desired result(s) for Goal 1?	
Will <b>these activities</b> be continued in the next school year?	<b>YES</b> or <b>NO</b>
If <b>NO</b> , why not?	
If <b>YES</b> , what should be done to improve this activity?	
Will <b>this goal</b> be continued in the new <i>One-Year Action Plan for Partnerships</i> for the next school year?	<b>YES</b> or <b>NO</b>

**Who were involved in the activities to achieve this goal? (Tick one)**

Teachers and school staff	<input type="checkbox"/>
Parents and family members of the students	<input type="checkbox"/>
Students	<input type="checkbox"/>
Community members	<input type="checkbox"/>
All of the above	<input type="checkbox"/>

**How did the students benefit from Goal 4- Climate of Partnership?**

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