

## **BOOST Annual Report Reference Guide**

**\*Note: This report is a sample. Final reporting may reflect variation that we will communicate prior to reporting windows.**

### **PROGRAM OVERVIEW**

#### **From Your Grant Application**

#### **Which purpose did your program propose to address?**

Instructions: [please input the purposes outlined from your grant application]

1. Which of the purposes of the BOOST Grants Program did your organization use BOOST funding to address?

a. Expanding access to serve more youth, with an emphasis on youth most in need?

What programs, services, or activities did BOOST fund to address this purpose? Check all that apply.

- Served more youth than in years prior to BOOST funding
- Served new youth populations (e.g., students with disabilities, homeless youth, English language learners)
- Expanded program hours and/or days
- Opened new sites/locations
- Developed partnerships with schools or districts to recruit new students
- Conducted community-based outreach and recruitment
- Conducted family-focused outreach and recruitment
- Other, please specify

Please use the space below to share specific examples of these activities.

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b. Reducing barriers, such as transportation and enrollment costs, to ensure access for all.

What programs, services, or activities did BOOST fund to address this purpose? Check all that apply.

- Provided transportation services
- Continued to offer free programs/services
- Waived program fees/costs
- Reduced program fees/costs
- Offered more accessible program locations (e.g., within family walking distance)
- Provided English language support for youth
- Provided English as a second language classes or other adult education for parents/family members
- Other, please specify

Please use the space below to share specific examples of these activities.

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c. Increasing programmatic quality and expanding or enhancing supports/services offered.

What programs, services, or activities did BOOST fund to address this purpose? Check all that apply.

- Implemented new curricula Revised/enhanced existing curricula Implemented new teaching strategies (e.g., project-based learning, phonics instruction, individualized learning)
- Implemented new program approaches (e.g., Saturday learning sessions, Positive Youth Development [PYD])
- Expanded existing programs, services, or activities
- Contracted with outside vendors to provide new or improved programs, services, or activities
- Hired additional or more qualified (e.g., certified) teachers Increased linkages to regular school day
- Hired other program staff, please specify: Engaged additional community and/or individual volunteers
- Provided volunteer training
- Provided staff training
- Provided youth with healthy meals or snacks while at your site
- Provided youth with healthy meals or food gift cards to take home
- Offered youth behavioral health services (e.g., individual counseling, group counseling, family sessions)
- Referred youth or families to community services (e.g., housing assistance, immigration assistance, food pantry, medical care, mental health care)
- Engaged families in programming
- Other, please specify

Please use the space below to share specific examples of these activities.

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2. Which service areas did your program offer? Check all that apply:

**\*Note: You will be asked to enter data separately for afterschool and summer.**

- Learning acceleration (required component)
- Enrichment activities, such as the arts, career exploration, and service learning
- Healthy eating & physical activity
- Well-being and connectedness, such as mental health supports, problem-solving, and team building

3. Which specific services did your program offer in each service areas? Check all that apply:

**\*Note: You will be asked to enter data separately for afterschool and summer.**

- **Learning acceleration (required)**
  - Learning acceleration: Literacy programming & curriculum based on the science of reading
  - Learning acceleration: literacy/reading skills
  - Learning acceleration: numeracy/math
  - Learning acceleration: academic remediation/credit recovery
  - Learning acceleration: STEM, STEAM, STREAM
  - Learning acceleration: college readiness
  - Learning acceleration: job/career readiness/workforce development
  - Learning acceleration: tutoring
  - Learning acceleration: homework help
- **Enrichment activities**
  - Enrichment activities: visual and performing arts
  - Enrichment activities: crafts
  - Enrichment activities: career exploration
  - Enrichment activities: financial literacy
  - Enrichment activities: field trips
- **Healthy Eating & Physical Activity**
  - Healthy eating and physical activity: sports/recreation
  - Healthy eating and physical activity: nutrition education
  - Healthy eating and physical activity: healthy meals or snacks
  - Healthy eating and physical activity: gardening or other outdoor activities
  - Healthy eating and physical activity: healthy cooking/meal preparation
  - Healthy eating and physical activity: swimming/swim instruction
- **Well-being & Connectedness**
  - Well-being and connectedness: problem solving activities
  - Well-being and connectedness: team building activities
  - Well-being and connectedness: youth leadership training/activities
  - Well-being and connectedness: life skill learning
  - Well-being and connectedness: mentoring
  - Well-being and connectedness: civic engagement or civics education
  - Well-being and connectedness: community service and service learning
  - Well-being and connectedness: family & caregiver activities
  - Well-being and connectedness: coping and other well-being supports

4. Does your program have a formal partnership with one or more local school systems?

**\*Note: You will be asked to enter data separately for afterschool and summer.**

5. Use the space below to briefly describe your program.

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**\*Note: You will be asked to enter data separately for afterschool and summer.**

## SITES

**\*Note: data will be input separately for afterschool and summer.**

6. How many sites does BOOST funding support?

**Upload** a spreadsheet with the physical addresses for each site

**\*There will be an Excel template for you to download to complete and then upload with the physical address for each site**

## SUCSESSES AND CHALLENGES

**\*Note: data will be input separately for afterschool and summer.**

7. Implementation successes. Check all that apply:

- Adapted well to overcome/address challenges
- Improved student attendance Improved student behavior
- Developed youth behavioral health skills (e.g., relationships, well-being, connectedness, resilience)
- Students earned certifications or badges
- Had high student enrollment
- Exposed students to new content
- Had high family engagement
- Offered free tuition/co-cost services
- Increased parent/family or community interest in the program
- Improved student grades, test scores, or reading abilities
- Developed youth life skills (e.g., leadership, public speaking, teamwork, financial literacy)
- Provided/offered new programs, services, or activities
- Provided staff training/improved staff skills or content knowledge
- Had high student attendance
- Had students graduate from high school
- Prepared students for college/workforce
- Had students promoted to the next grade
- Had success with recruitment efforts
- Maintained low staff-youth ratio
- Developed strong youth-staff relationships

- Provided youth volunteer opportunities
- Other

8. Challenges. Check all that apply:

- Students with mental health or behavioral issues
- Low student attendance
- Recruitment or enrollment challenges
- Data collection and analysis
- Students with severe academic needs/profound learning loss
- Student retention
- Scheduling challenges
- Site expansion difficulties/challenges
- Lack of youth transportation
- Staff recruitment and hiring
- Funding/programming delays
- Low/poor family engagement
- Other

## YOUTH SERVED

**\*Note: data will be input separately for afterschool and summer.**

From the Grant Application

How many unduplicated youth received your services?:

9. What is the total number of unduplicated youth served in your afterschool/summer program?

10. Does your organization have access to the Georgia Testing ID (GTID) for students served by your BOOST-funded afterschool/summer program?

**Upload** a spreadsheet with the requested information for each student served in your afterschool/summer program. Even if you do not have access to the GTID, please provide as much information as you can based on the fields in the spreadsheet.

**\*There will be an Excel template for you to download to complete and then upload with the physical address for each site**

**In your grant application your projected to serve:**

K-5th grade:

Middle School (6th–8th):

High School (9th–12th):

11. Of the total number of unduplicated youths served in your summer program, indicate the total number within each grade band. (Note that this total should match the unduplicated total number of youth served)

**\*Note: data will be input separately for afterschool and summer.**

Elementary (K-5th students)

Middle School (6th–8th)

High School (9th–12th)

Unknown or Data Not Collected

Total:

#### **DEMOGRAPHICS – RACE**

**\*Note: data will be input separately for afterschool and summer.**

Total has to equal N reported in Question 9

12. Please indicate the number of unduplicated youth you served in your program by race. Note that this total should match the unduplicated total number of youth served reported above.

American Indian or Alaska Native

Asian

Black

Multiracial

Native Hawaiian Other Pacific Islander

Other

White

Unknown or Data Not Collected

Total:

Attention: Total should match the unduplicated total number of youth served reported in Question 9.

#### **DEMOGRAPHICS – ETHNICITY**

**\*Note: You will be asked to enter data separately for afterschool and summer.**

13. Please indicate the number of unduplicated youth you served by ethnicity. Note that this total should match the unduplicated total number of youth served reported above.

**\*Note: You will be asked to enter data separately for afterschool and summer.**

Hispanic/Latinx (of any race)

Non-Hispanic/Non-Latinx (of any race)

Unknown or Data Not Collected

Total:

Attention: Total should match the unduplicated total number of youth served reported.

### **DEMOGRAPHICS – GENDER**

**\*Note: You will be asked to enter data separately for afterschool and summer.**

14. Please indicate the number of unduplicated youth you served by gender. Note that this total should match the unduplicated total number of youth served reported above.

Female

Male

Gender Non-Conforming

Non-Binary or Other

Unknown or Data Not Collected

Total:

Attention: Total should match the unduplicated total number of youth served reported.

### **DEMOGRAPHICS - SPECIAL POPULATIONS**

From the Grant Application

Receiving free or reduced-price lunch

Youth with disabilities or special needs

Youth experiencing homelessness

Youth in foster care

English language learners

Youth impacted by juvenile justice system

Youth at risk of or are experiencing chronic absenteeism

15. Please indicate the number of youth you served in your program for each special population.

**\*Note: You will be asked to enter data separately for afterschool and summer.**

Receiving free or reduced-price lunch

Number

Number Not Collected

Total:

Youth with disabilities or special needs

Number

Number Not Collected

Total:

Youth experiencing homelessness

Number

Number Not Collected

Total:

Youth in foster care

Number

Number Not Collected

Total:

English language learners

Number

Number Not Collected

Total:

Youth experiencing the Juvenile Justice System

Number

Number Not Collected

Total:

Youth who are or are at risk of becoming chronically absent

Number

Number Not Collected

Total:

Special Population Total:

## DEMOGRAPHICS - HOME COUNTY

16. Please indicate the unduplicated number of youth you served in your program by home county. Note that this total should match the unduplicated total number of youth served reported above. **In actual report, counties will be listed like previous reports.**

**\*Note: You will be asked to enter data separately for afterschool and summer.**

## DOSAGE

17. Please provide the following information on your program operations (e.g., number of weeks, days, and hours your program operated):

**\*Note: You will be asked to enter data separately for afterschool and summer.**

Total # of weeks

# of days per week (on average)

# of hours per day (on average)

## YOUTH SATISFACTION OUTCOMES

**\*Note: You will be asked to enter data separately for afterschool and summer.**

18. All grantees were required to measure youth satisfaction in some way. (Matrix)

a. What aspects of youth satisfaction did your program measure? (Check all that apply)

### Required

- Overall program satisfaction
- Sense of belonging and connectedness
- Feelings of safety
- Relationships or interactions with teachers/staff

Additional Possible Metrics:

- Satisfaction with activities offered
- Satisfaction with food offered (meals, snacks)
- Level of student enjoyment
- Level of student engagement
- Relationships or interactions with peers
- Critical thinking/problem-solving
- Academic improvement
- Self-confidence
- Meeting program goals
- Referrals to friends
- Other

b. What tool or instrument did your program use to assess youth satisfaction outcomes? (Check all that apply)

- Youth surveys
- Youth interviews or focus groups
- Parent/family surveys
- Informal meetings/discussions with youth
- Youth anecdotal comments Interviews with staff or volunteers
- Academic assessments
- Phone calls or emails to parents
- Program observations
- Case notes
- Average daily attendance (ADA) rates
- Other

c. Please describe your results.

# of youth for whom data were available

# of youth who reported satisfaction/met the objective:

Use the space below to describe your results.

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## **PROGRAMMATIC OUTCOMES**

**\*Note: You will be asked to enter data separately for afterschool and summer.**

### **PROGRAM OUTCOME #1**

19. Please provide the following information on your Learning Acceleration outcome.

Outcome #1 (Learning Acceleration):

a. What tool or instrument did your program use to assess this learning acceleration outcome? Check all that apply:

- Report card grades
- Academic assessments (MAP, iReady, GA Milestones, etc.)
- Program attendance
- School day attendance
- Youth survey/quiz
- Youth interviews or focus groups
- Informal discussions with youth (anecdotal comments)
- Staff/teacher surveys
- Staff/teacher interviews or focus groups
- Informal discussions with staff/teachers (anecdotal comments)
- Parent/family member surveys
- Parent/family member interviews or focus groups
- Informal discussions with parents/family members (anecdotal comments)
- Program observations
- Case notes
- Other

b. Please describe your results.

Number of students (or parents/staff/events/hours, etc.) meeting the outcome (do not report percentages)

Total number of students (or parents/staff/events/hours, etc.) included in the outcome analysis

Use the space below to describe your results.

Characters left for field: 1000

**PROGRAM OUTCOME #2**

20. Please provide the following information on your second outcome.

Outcome #2:

a. Select the outcome area:

- Learning Acceleration
- Enrichment
- Healthy Eating/Physical Activity
- Wellbeing/Connectedness

b. What tool or instrument did your program use to assess this outcome? Check all that apply:

- Report card grades
- Academic assessments (MAP, iReady, GA Milestones, etc.)
- Program attendance
- School day attendance
- Youth survey/quiz
- Youth interviews or focus groups
- Informal discussions with youth (anecdotal comments)
- Staff/teacher surveys
- Staff/teacher interviews or focus groups
- Informal discussions with staff/teachers (anecdotal comments)
- Parent/family member surveys
- Parent/family member interviews or focus groups
- Informal discussions with parents/family members (anecdotal comments)
- Program observations
- Case notes
- Other

c. Please describe your results.

Number of students (or parents/staff/events/hours, etc.) meeting the outcome (do not report percentages)

Total number of students (or parents/staff/events/hours, etc.) included in the outcome analysis

Use the space below to describe your results.

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### **PROGRAM OUTCOME #3**

21. Please provide the following information on your third outcome.

Outcome #3:

a. Select the outcome area:

- Learning Acceleration
- Enrichment
- Healthy Eating/Physical Activity
- Wellbeing/Connectedness

b. What tool or instrument did your program use to assess this outcome? Check all that apply:

- Report card grades
- Academic assessments (MAP, iReady, GA Milestones, etc.)
- Program attendance
- School day attendance

- Youth survey/quiz
- Youth interviews or focus groups
- Informal discussions with youth (anecdotal comments)
- Staff/teacher surveys
- Staff/teacher interviews or focus groups
- Informal discussions with staff/teachers (anecdotal comments)
- Parent/family member surveys
- Parent/family member interviews or focus groups
- Informal discussions with parents/family members (anecdotal comments)
- Program observations
- Case notes
- Other

c. Please describe your results.

Number of students (or parents/staff/events/hours, etc.) meeting the outcome (do not report percentages)

Total number of students (or parents/staff/events/hours, etc.) included in the outcome analysis

Use the space below to describe your results.

Characters left for field: 1000

#### **UNPLANNED OR UNEXPECTED OUTCOMES**

22. Use the space below to describe unplanned or unexpected outcomes you would like to share:

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#### **STATEWIDE GRANTEE**

23. Does your organization serve the State of Georgia? If yes, questions below will appear.

a. How did you determine funding allocation across program sites and ensure emphasis on serving youth most impacted by the pandemic? Please describe any changes to your proposed process and any challenges or successes experienced.

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b. How did you ensure sub-grantees met the grant's purpose(s)? Please describe any changes to your proposed process and any challenges or successes experienced.

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c. How did you collect data and compile reporting from all sub-grantees? Please describe any changes to your proposed process and any challenges or successes experienced.

### **MEDIA REQUEST**

25. GSAN strives to build sustainability in funding for out-of-school time programming and to make the case for its importance in child and youth development. To that end, we welcome samples of BOOST/OST success stories from your organization. Please use this space to describe your success(es) or indicate if you'd like us to reach out to you to discuss this further. (Optional)

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Do you have photos, videos, or student/staff testimonials that could benefit the BOOST Grants Program and GSAN's efforts to sustain and grow the capacity of the field? If so, please let us know and list the best contact for these things. We'll be in touch! (Optional)

Characters left for field: 2000