

MICHIGAN DEPARTMENT OF EDUCATION
SAFE AND SUPPORTIVE SCHOOLS GRANT
**Year 1 Term 1 S3 Grant Reporting Requirements
Guidance Document**

Due: July 31, 2012

Time Period Covered: October 1, 2011-June 30, 2012

Overview

The Term 1 Report consists of two parts:

Part 1: Grant and CSHP Evaluation Indicators

Part 2: Year 1 Term 1 Workplan Progress Report and Evaluation

The following guidance addresses the Year 1 Term 1 reporting requirements. Guidance for the Year 2 Continuation Application (due August 31, 2012) and Year 1 Term 2 reporting (due November 29, 2012) will be sent under a separate cover.

The Year 1 Term 1 report is due to MDE via the MEGS+ system on **July 31, 2012**.

Submitting your Progress Report four weeks earlier than the Continuation Application allows your Regional Coach and other staff at MDE to provide feedback and technical assistance to help in planning and improving your program.

We appreciate your time and effort in preparing the Year 1 Term 1 Progress Report. Your report will help us demonstrate the impact of funding in the first eight months of the Year 1 project period. If you have any questions, please contact your Regional Coach.

Accessing Year 1 Reporting on MEGS+

All sections of the Term 1 Report will be either entered directly or uploaded as an attachment in the MEGS+ system at: <https://mdoe.state.mi.us/megsplus/>. After logging in, the Term 1 report will be accessed under "reports."

1. Grant and CSHP Evaluation Indicators

This section of the report is designed to show current levels of Program and CSHP progress, areas of TA need, and provide data for US Department of Education (USED) reporting.

- This section is entered directly into the MEGS+ report system under **Grant and CSHP Evaluation Indicators**.
- See Page 4 of this document for exact wording of indicators.
- Most items are check boxes. Select the response most relevant to your program.
- A few areas ask for some sentences of narrative.
- There are no right or wrong responses to these questions. The information required is to gauge progress or identify where support is needed.

2. Year 1 Term 1 Workplan Progress Report and Evaluation (October 1, 2011-June 30, 2012)

2a. Workplan Progress

This section of the report is designed to allow for more in-depth narrative related to your workplan.

- This section is entered directly into the MEGS+ report system under **Workplan Progress Report and Evaluation**.
- See page 7-8 of this document for a blank layout of these reporting elements.
- The goal, interventions, and activities that were approved on your application are pulled directly into the report. No changes can be made to these sections at this time.
- For each outcome goal, enter the actual numbers served of specific target populations. Estimated numbers are pulled from your initial application.
- Activities for each goal are pulled from your workplan. For each activity, check the box to indicate if it has been **met**, is **in progress**, or was **not met** based on the explanation below.
- Provide a detailed explanation of progress for each activity in the space provided based on the selected level of completion. Please refer to results of your evaluation data in the narrative.
 - If an activity is complete by June 30, 2012, mark that it has been **met**. Based on the data and information presented, provide a brief summary of the results of the activities that took place (for example the accomplishments, successes, populations served, activities undertaken, and the collaborative partners involved).
 - If an activity is not complete at this time, but will be done by September 30, 2012, mark that it is **in progress**. Provide a brief summary of the activities that have taken place to date, plans to complete the activity, and any barriers encountered.
 - If an activity has not started as of June 20, 2012 or will not be done at all for Year 1, mark that it has **not been met**. Describe if or when the activities will take place and any barriers encountered.
- Provide evidence of program activity supporting your project goal. Describe how this activity and your evaluation data have impacted your progress towards your goal.
- You are welcome to upload any attachments or support documents to supplement your narrative. Please do not mail or email any documents.

2b. Program Interventions Evaluation - Excel Spreadsheet (Period of October 1, 2011-June 30, 2012)

This section of the report is designed to collect detailed evaluation data for each program intervention, required or non-required, listed in your final approved Year 1 workplan.

- This section is uploaded directly into the MEGS+ system under each Outcome Goal. See the link at the end of the Workplan Progress update.
- The template, customized to each building, was provided to the building liaison from the regional coach.
- This evaluation, in addition to narrative above, will be used to determine if a non-required program intervention is effective and for Year 2 funding considerations.

OVERALL KEY POINTS TO REMEMBER

1. MDE will be checking status of MiPHY surveying for the 2011-12 school year. Continuation funding is contingent on yearly MiPHY surveying.
2. The Year 1 Term 1 Report, Year 1 Term 2 Final Report, and Year 2 Continuation Application are all separate. Each report has different due dates and has different submission requirements. Please refer to the S3 Reporting and Meeting dates documents for official dates.
3. A Final Expenditure Report (related to your entire Year 1 budget) is only required at the end of Year 1 (November 29, 2012).

Part 1: Grant and CSHP Evaluation Indicators

Purpose

- Collect quantitative and qualitative data elements to determine progress toward (a) implementing grant requirements and Coordinated School Health Program (CSHP) elements, and (b) achieving building-specific goals specified in application.
- Report data elements to the Michigan Department of Education, for internal evaluation of S3 efforts and accomplishments
- Report data elements to the U.S. Department of Education, per the grant requirements

Required Data Elements

1. Did the grantee attend the October & May S3 conference and any other necessary grant trainings?

Yes No

If no, provide explanation and steps with a timeline to achieve this requirement:

2. Did the grantee expand their School Improvement Plan to include a Coordinated School Health (CSH) approach including a student health and/or safety strategy in the building's School Improvement Plan (SIP)?

Yes No

If no, provide explanation and steps with a timeline to achieve this requirement:

Assessment

3. Has your building ever used any of the following self-assessment tools to assess health policies, activities, and programs?

Healthy School Action Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
School Health Index	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Healthy School Report Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Other self-assessment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

4. If yes to "3", has your building ever used the self-assessment tool to assess health policies, activities, and programs in the following areas?

Physical activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Nutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Tobacco use prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Social and Emotional Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Unintentional injury and violence prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Other topic (s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

School Health Committee/Team

5. Which of the following groups are represented on your building school health committee/team?

School administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Library/media center staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
School board member	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student body	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health education teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Students' parents/family	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical education teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local health department/agency	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mental health or social services staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Faith-based organization	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition or food service staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Businesses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health services staff (e.g., school nurse)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local government agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance and transportation staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Community member/citizens <small>(who are not parents in the district)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technology staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. How often has your building school health committee/team met in the past 12 months?

- None 1 – 3 times 4 – 6 times 7 or more times

7. How many members attend the health committee/team meeting on a regular basis?

- Haven't meet yet Some (up to 35%) About half (36% - 65%) Most or all (66% - 100%)

Resources

8. Does your district provide resources to support your building health committee/team's efforts?

Funding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff time (includes time in or during the school day to attend planning meetings and/or professional development related to coordinated school health)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Space	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. In the past 2011-2012 school year, has your building school health committee/team leveraged any dollars to support CSH programs? These dollars can be from district funds, grants, donations, etc.

- \$0 \$1 - \$1,000 \$1,001 – \$5,000 \$5,001 – \$10,000
 \$10,001 - \$25,000 \$25,001 – \$50,000 \$50,001 +

Comments:

Outcomes

10. Name three areas your school has experienced success that is directly attributable to participation in the Safe and Supportive Schools grant. (Limited to one or two sentences.) Example: "After participating in Barb Flis' Parent Engagement training, we have begun distributing a monthly parent newsletter and have brainstormed other activities to engage parents in our school community."

A. Success Area #1:

B. Success Area #2:

C. Success Area #3:

11. Have you shared your successes or positive outcomes with the following at least once this school year?

		Comments (e.g., How? When? Why or why not?):
Superintendent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Principal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
School Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other audience(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	

12. Describe any unintended changes in students, parents and/or staff that can be attributed to the S3 grant?

13. Identify any Technical Assistance needs you have at this time.

Professional Development

14. Would school staff likely request or benefit from professional development (e.g., workshops, conferences, continuing education, or any other kind of in-service) on any of the following topics?

Alcohol or other drug use prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical activity and fitness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional/Mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No	STD prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foodborne illness prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suicide prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tobacco use prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Human sexuality	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violence prevention <small>(e.g., bullying, fighting, or homicide)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injury prevention and safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent engagement/education	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition/Dietary behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2: Workplan Progress Report

Workplan Progress Report Layout Outcome Goal

1. **Goal #:** [PULLING FROM GRANT APPLICATION]

2. **Written Goal:**

[PULLING FROM GRANT APPLICATION]

3. **Numbers served:**

Target Population	Estimate	Actual
High School Students	[PULL]	[ENTER]
Teachers	[PULL]	[ENTER]
Support Staff	[PULL]	[ENTER]
Administrative Staff	[PULL]	[ENTER]
Parents	[PULL]	[ENTER]
Other (please specify)	[PULL]	[ENTER]

Activity:

Intervention: [PULLING FROM GRANT APPLICATION]

[PULLING FROM GRANT APPLICATION: Activity text]

Met In Progress Not Met

Explanation of progress on activity:

- Provide a detailed explanation of progress for each activity in the space provided based on the selected level of completion. Please refer to results of your evaluation data in the narrative.

[ENTER] 2000 characters

Evidence of activity supporting project goal:

- Describe how this activity and your evaluation data have impacted your progress towards your goal.

[ENTER] 2000 characters

{Continue with all 5 activities}

4. **Uploads**

- **Evaluation** - Please upload your Excel evaluation template that was provided to the building liaison from MDE. (required)
 - Please follow all instructions included with that template.
- **Optional**, other support documents, as needed.

Workplan Progress Report Layout
Process Goal

1. Goal #: [PULLING FROM GRANT APPLICATION]

2. Written Goal:

[PULLING FROM GRANT APPLICATION]

Activity:

[PULLING FROM GRANT APPLICATION: Activity text]

Met

In Progress

Not Met

Explanation of progress on activity:

- Provide a detailed explanation of progress for each activity in the space provided based on the selected level of completion. Please refer to results of your evaluation data in the narrative.

[ENTER] 2000 characters

Activity:

[PULL Activity text]

Met

In Progress

Not Met

Explanation of progress on activity:

- Provide a detailed explanation of progress for each activity in the space provided based on the selected level of completion. Please refer to results of your evaluation data in the narrative.

[ENTER] 2000 characters

{ Continue with all 5 activities }

3. Uploads

- **Optional**, other support documents, as needed.