2023 Annual Final Program Report - Title I Part D Survey

Due Date September 1, 2023: 12 month period July 1 2022 – June 30 2023.

You must complete a separate survey for each type of program operated by your district. Definitions: At-Risk: Students are served in the regular school building or at a group home for delinquent youth. Neglected: Students are served at a group home for children in foster care placed by Child and Family Services. Juvenile Detention: Students up to age 18, are in a local, county, or tribal detention center. Juvenile Corrections: Juvenile facility operated by the Montana Department of Corrections for children up to age 18. Adult Corrections: Adult facility operated by the Montana Department of Corrections for students aged 18 through 21.

School District
Program Name
Program Type
FACILITY OUTCOMES
1. How many students were served by the Title I Part D, funded program selected above during 2022-2023 school year? If a category does not apply, please enter zero.
a.Total number of students
b. Enter the total number of days services were provided to each student per visit. Add all student days together and enter the total.
c. Based on your responses the Average Length of Stay in days equals total number of days services / total number of students.

3.While in the program, how many of the reported students had the following outcomes?(Students CANNOT have more than one outcome.) If a category does not apply, please enter zero.
a. Passed the HiSET/GED
b. Earned a high school diploma
4. While in the program, how many of the reported students had the following outcomes? (Students CAN have more than one outcome.) If a category does not apply, please enter zero. a. Earned high school course credits.
b. Enrolled in a HiSET/GED or HiSET Options program.
c. Were accepted and/or enrolled into post-secondary education or Dual Enrollment course
d. Enrolled in Career and Technical Education Course or program.
e. Obtained employment.

STUDENT DEMOGRAPHICS

Age 21: _____ Total: _____

5. How many of the reported students are the following?(if a category does not apply, please enter zero) Select one category for each student. American Indian or Alaskan Native: _____ Black or African American: _____ Hispanic/Latino: _____ Native Hawaiian or Pacific Islander: Two or More Races: _____ White: _____ Total: _____ 6. How many of the reported students are the following? (if a category does not apply, please enter zero) Male: _____ Female: _____ 7. How many of each of the reported students are the following ages as of June 30 2023? (if a category does not apply, please enter zero) Aged 3-5: _____ Age 6: _____ Age 7: _____ Age 8: _____ Age 9: _____ Age 10: _____ Age 11: _____ Age 12: Age 13: _____ Age 14: _____ Age 15: _____ Age 16: _____ Age 17: _____ Age 18: _____ Age 19: _____ Age 20: _____

8.Of the reported students how many are Students with Disabilities (if category does not apply, please enter zero).
9. Of the reported students how many are English Learners (if category does not apply, please enter zero).
ASSESSMENT RESULTS
10. READING: Of the long-term students reported (90+ days in facility) how many: (if a category does not apply, please enter zero)
a. Showed improvement of up to one full grade level from the pre- to post-test READING exams:
b. Showed improvement of more than one full grade level from the pre- to post-test READING exams:
c. Showed negative grade level change from the pre- to post-test READING exams:
d. Showed no change in grade level from pre- to post-test READING exams:
Total:
11. MATH: Of the long-term students reported (90+ days in facility) how many: (if a category does not apply, please enter zero)
a. Showed improvement of up to one full grade level from the pre- to post-test MATH exams:
b. Showed improvement of more than one full grade level from the pre- to post-test MATH exams:
c. Showed negative grade level change from the pre- to post-test MATH exams :
d. Showed no change in grade level from pre- to post-test MATH exams:
Total:

CERTIFICATION BY DIRECTOR OR MANAGER OF FACILITY

By entering my name in the space below, I certify that the information provided on this form is, to the best of my knowledge, complete and accurate. A knowingly false claim on this report is a criminal offense under U.S. Code, Title 18, Section 1001 or Section 287.

O Contact Name	
O Signature	
O Phone	
○ E-mail	
O Date	