



21st CCLC Technical Assistance (TA) Site Visit Report

Provider Information

TA Site Visit Date:

Name(s) of Resource Center Staff Conducting TA Visit:

Lead Sub-Grantee Name & Project Number:

Staff Member(s) present during TA Visit:

Updated Contact Information for Sub-Grantee (if applicable):

School Enrollment Number:

Grant Target Enrollment Number:

Check in Follow-up Date:

[Enter School Year] **Enrollment and Attendance Information** (as of [enter date])

Total # of students enrolled this year	# of students achieving 30 hours or more	# of students achieving 90 hours or more

Area(s) of Technical Assistance:

- | | |
|--|--|
| <input type="checkbox"/> Parent Engagement | <input type="checkbox"/> Budget Support |
| <input type="checkbox"/> Youth Development | <input type="checkbox"/> Program Reporting/Modifications |
| <input type="checkbox"/> Recruitment and Retention | <input type="checkbox"/> Day and After School Linkages |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Other _____ |

Program Notes/ Background on Area(s) of Technical Assistance

Description of Technical Assistance Requested

Strategic Action Plan to Improve Performance

Action	Person Responsible	Support staff/individuals	Due Date

Additional Follow-Up from Technical Assistance Center (if needed):

Action	Person Responsible	Support staff/individuals	Due Date

Performance Management:

List the ways the sub-grantee will measure success in the area(s) of improvement
