**Annual Evaluation Report** (AER)

Updated

**MARCH 2024**

**TEMPLATE**

*for NYS 21CCLC Local Evaluators*

**Purpose of the AER Template**

The Annual Evaluation Report (AER) Template was developed at the request of the State Program Coordinator to create a **uniform method** to collect and organize information about local evaluations for New York State subgrantee programs. It is intended to function, both, (1) as a protocol for submitting end-of-year evaluation information in a way that allows for **systematic review** by members of the state-level leadership team, and (2) as guidance for program evaluators to inventory their data collection measures and reporting activities, and check alignment with NYS 21CCLC evaluation requirements and performance metrics.

The New York State Education Dept. (NYSED) is committed to maintaining and supporting **high-quality local evaluation** that helps to drive continuous improvement and raise the effectiveness of statewide 21CCLC programming. The review of AERs offers key insights into a program’s measurability, the research methodologies used by the evaluator, and a snapshot of findings about implementation progress and success indicators.

***Quick Facts*** *about AERs*

* **Due Date |** AERs are submitted to the NYSED Program Office by September 30. (See SMV Indicator H-1a)
* **Utilization** | AERs serve as a multi-purpose reference document used by NYSED and state-level partners; as such, the template is designed to collect information in areas that serve those groups’ needs. Program-level stakeholders are not the primary audience for this report, yet programs are required to receive the AER from their evaluators and keep it for their records. Evaluators can provide a customized report, tailored to meet the needs of their clients and program-level stakeholders by adapting and or expanding the information from the AER. Reports designed for clients are not submitted to NYSED; they are useful for clients to utilize to communicate progress to community stakeholders (See SMV Indicator H-6), as well as for continuous program improvement.
* **Value |** AERs are reviewed by NYSED and the Resource Centers before each subgrantee Site Monitoring Visit (SMV) or Technical Assistance (TA) visit to enrich the team’s understanding of the program. AERs are studied by the Statewide Evaluator to identify patterns, trends, effective design strategies, and areas for further inquiry. A collection of highlights and aggregated summaries from AERs will be included in presentations to federal level monitors and the network of SEA Coordinators, as needed, to demonstrate qualities of local evaluation across the state.
* **Alignment |** Components of the template are directly aligned with NYSED policies and program expectations that are the focus of Site Monitoring Visits (SMVs). These alignments are highlighted throughout this template with references to required indicators and evidence in the **SMV Tool**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section Heading** | | **Pages** | **Instructions for Completion** |
| **I** | **Project Info** | 3 | Enter info into the fields on the table. \*Save your draft as you work; see submission instructions, below. |
| **II** | **Site Visit Findings** | 4 - 9 | Enter info into the tables; provide a brief narrative summary of visits 1 & 2. |
| **III** | **Conclusion** & **Recommendations** | 10 | Provide a written summary in the box provided. \*Prepare Required Supporting Docs. |
| **IV** | **Collaboration** & **Utilization** | 11 | Provide a written summary in the box provided. \*Prepare Optional Supporting Doc. |
| **V** | **Logic Model**/**TOC** | 12 | Insert/embed a *clear* picture of the model or attach as a separate document/PDF. |
| **VI** | **Evaluation Plan** & **EOY Results Tables** | 13 | Download the accompanying excel workbook. Review the GUIDE, defining the category headings; the OUTLINE, showing the organization and order of the sheets; and an EXAMPLE of table 1, Core Ed Services. |

**Contents** & **Instructions**

|  |  |
| --- | --- |
| **Instructions for Submitting the AER** & **Supporting Docs** | |
| **1** | Name the Word Doc File. Once you begin editing/inputting info into this Microsoft Word document Template, Save As: “**AER-[RoS/NYC]-[Last four digits of Project ID]-Submission Year**” | Example: “**AER-NYC-0123-2024**” | This unique tag will be used by the State to check that each project’s AER has been received by 9/30/24 and locate the AER, the accompanying Eval Plan & Results Tables (Section VI), and required supporting docs (listed on p.10) into the correct program file folder. Send as an MS Word or PDF file. |
| **2** | Name the Excel File. Once you start editing/inputting info into the accompanying AER Eval Plan & Results Tables excel workbook, Save As: “**AER-**[**RoS/NYC**]**-**[**Last four digits of Project ID**]**-Submission Year-Tables**” | Example: “**AER-RoS-4567-2024-Tables**” |
| **3** | Name the Required Supporting Documents. Save As: “**AER-**[**RoS/NYC**]**-**[**Last four digits of Project ID**]-[**Type of item**]” | Example: “**AER-RoS-4567-Survey**” | Supporting Docs include blank copies of any instruments used for data collection (see p.10) and *may* include a PDF of the Logic Model or Theory of Change Model if it is not embedded into page 12 of this AER document. |
| **4** | Send an Email with All Attachments to [**EMSC21STCCLC@nysed.gov**](mailto:EMSC21STCCLC@nysed.gov). It will be received and processed by the NYSED Program Office. The state-level partners – Measurement Incorporated (MI) team and the Regional RCs – will be notified about submissions and be able to commence their review. AERs for the 2022-23 program year are due to NYSED by 9/30/24. |
| **5** | Send an Email with all Attachments to your client/program director by 9/30/24 so they can review, if they wish, and add to their files. Use the amber color-coded notes throughout the AER Template to inform clients about which compliance indicators these items relate to. |

**PROJECT INFORMATION**

**Section I**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program | | | **Full, Unabbreviated Name** | | | | | |
| Project # | | | 0187-23- |  | **🖜** *Insert last four digits* | | | |
| Lead Agency | | | **Full, Unabbreviated Name** | | | | | |
| Program Director | | | **First & Last Name,** Title | | | | | |
| # | | Name of Participating Site(s) @ Locality (town or city name) | | | | | | Grade level(s) served at each site |
| 1 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 2 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 3 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 4 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 5 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 6 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 7 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 8 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 9 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 10 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 11 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 12 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 13 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 14 | Name, Town/City | | | | | | | **Grade Min - Max** |
| 15 | Name, Town/City | | | | | | | **Grade Min - Max** |
| Program-wide **Target** Student Enrollment | | |  | | | **Actual** Enrollment at/above **15 hours** |  | |
| Evaluator | | | **First & Last Name,** Title | | | Firm/Company Name | | |
| Contact Info | | | 10 Digit Phone # | | | Email Address | | |

**Site Visit Findings**

**Section II**

*In this section you are asked to provide summary findings from each of the two required annual evaluator site visits. Please include a discussion of any observations you may have conducted. To assist our review and learn about your process, please attach observation/interview protocols you used, if applicable. N.B.: All items/artifacts submitted to NYSED as part of the AER are for state-level review purposes only; they will* ***not*** *be shared or used outside of the review process without explicit consent from, both, the evaluator and client program director.* *\*Client assist: Evidence of completion of site visits is required for compliance with* ***SMV Indicator H-1****.*

**First Site Visit: Readiness Review** & **Walkthrough**

The Local Evaluator and Program Leaders schedule the First Site Visit to review installation activities and check readiness factors. Evaluators can observe early program implementation efforts, if possible. This is a collaborative, interactive experience where information is exchanged, questions are explored, and shared learning occurs.

This visit functions to demonstrate the value of the dialogue between partners: the evaluator and the program leaders. Evaluators use a protocol to review the program’s anchoring and operational documentation: i.e., verify alignment between the grant proposal (including the Table for Goals and Objectives), logic model, calendar & schedule of activities/offerings, program timeline, program handbook, parental consent forms, and procedures for entering/documenting data. This visit should also serve to identify any obstacles to implementation.

**1a. First Site Visit |** Procedure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date(s)** | **Site#** (use p.3 list) | **Program activities observed** | **Methods Used** across all sites | |
| 00/00/202X | # from list | Title of activity |  | Observation using protocol**\*** |
| 00/00/202X | # from list | Title of activity |  | Interview(s) using protocol**\*** |
| 00/00/202X | # from list | Title of activity |  | Document review using protocol**\*** |
| 00/00/202X | # from list | Title of activity |  | Insert description of Other Method |
| 00/00/202X | # from list | Title of activity |  | Insert description of Other Method |
| 00/00/202X | # from list | Title of activity |  |  |
| 00/00/202X | # from list | Title of activity |  |  |
| ***\**** *Please submit a blank copy of each data collection instrument (see Required Supporting Documents, p.10)* | | | | |

**1b. First Site Visit |** Summary of Findings

|  |
| --- |
| **Briefly summarize the salient findings you gathered from your observation(s) & interview(s)***. What did you see, hear, and learn about installation and initial implementation?* |
| Please enter your summary, here |

**1c. First Site Visit |** Delivery & Receipt of Report

|  |
| --- |
| **Briefly describe the delivery of the findings report***. What form did your report take? How did you present it?*  **Briefly describe the receipt of the report, and, if known, the use of the information.** *How was it received? Was it shared with program staff and other stakeholders? What actions did program leaders take as a result of the information?*  *\*Client & State leadership team assist: Evidence of collaboration between the evaluator and program, and the use of evaluation findings for continuous improvement, help satisfy requirements in* ***SMV Section H****. This information also helps the state-level team understand more about the effective ways an evaluator presents formative findings, as well as the program leader’s utilization of the feedback.* |
| Please enter your summary, here |

**Second Site Visit: Point of Service Quality Review**

The second of the two annual visits is focused on assessing fidelity at full implementation. Observations are conducted at each program site for selected activities, attending to activity/lesson content and structure, environment/context, levels of participation, and staff’s use of effective engagement and instructional strategies. Additional items of interest include the quality of interpersonal relationships, program personnel’s use of inclusion and restorative practices, preparedness of staff delivering the lesson, support for staff from site leader(s), and the degree to which activities/lessons activate critical thinking, collaboration, and promote skill development. Evaluators are required to use an observation walkthrough tool; it may be inspired by the NYSED-approved Out of School Time (OST) tool, or another validated, reliable observation instrument.

*\*Client assist: As specified in* ***SMV Indicator D-2****, grantees are also required to conduct* ***program activity implementation reviews (PAIR)*** *two times a year. Alignment between the Evaluator’s observational measure and the program’s internal observational measure is not required, yet it could be useful for program leaders and evaluators to share an understanding about the look-fors/indicators of service quality to be able to combine findings and complement improvement efforts.*

**2a. Second Site Visit |** Procedure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date(s)** | **Site#** (use p.3 list) | **Program activities observed** | **Methods Used** across all sites | |
| 00/00/202X | # from list | Title of activity |  | Observation using protocol**\*** |
| 00/00/202X | # from list | Title of activity |  | Interview(s) using protocol**\*** |
| 00/00/202X | # from list | Title of activity |  | Document review using protocol**\*** |
| 00/00/202X | # from list | Title of activity |  | Insert description of Other Method |
| 00/00/202X | # from list | Title of activity |  | Insert description of Other Method |
| 00/00/202X | # from list | Title of activity |  |  |
| 00/00/202X | # from list | Title of activity |  |  |
| 00/00/202X | # from list | Title of activity |  |  |
| 00/00/202X | # from list | Title of activity |  |  |
| 00/00/202X | # from list | Title of activity |  |  |
| ***\**** *Please submit a blank copy of each data collection instrument (see Required Supporting Documents, p.10)* | | | | |

**2b. Second Site Visit |** Summary of Findings

|  |
| --- |
| **Briefly summarize the salient findings you gathered from your observation & interview(s)***. What did you see, hear, and learn about implementation and progress toward outcomes? Was there evidence of improvement in the areas recommended in the previous evaluation report?* |
| Please enter your summary, here |

**2c. Second Site Visit |** Delivery & Receipt of Report

|  |
| --- |
| **Briefly describe the delivery of the findings report***. What form did your report take? How did you present it?*  **Briefly describe the receipt of the report, and, *if known*, the use of the information.** *How was it received? Was it shared with program staff and other stakeholders? What actions did program leaders take as a result of the information?*  *\*Client & State leadership team assist: Evidence of collaboration between the evaluator and program, and the use of evaluation findings for continuous improvement, help satisfy requirements in* ***SMV Section H****. This information also helps the state-level team understand more about the effective ways an evaluator presents findings, as well as the program leader’s utilization of the feedback.* |
| Please enter your summary, here |

**Conclusions** & **Recommendations**

**Section III**

*Synthesizing all the data from site visits, surveys, interviews, and other sources, please summarize the program’s successes, struggles/lessons learned, and recommendations to integrate into next year’s program implementation plan.*

*\*Client assist: Evidence of reporting is required for compliance with* ***SMV Indicator H-1****.*

|  |
| --- |
| Please enter your summary, here |

***Required Supporting Documents (please attach)***

* **Data Collection Instruments**. Please attach a blank copy of a survey, observation tool, and interview protocol utilized this past year – only if you did not previously submit the instruments in the Year 1 AER.

*N.B.: All items/artifacts submitted to NYSED as part of the AER are for state-level review purposes only; they will* ***not*** *be shared or used outside of the review process without explicit consent from, both, the evaluator and client program director.*

*\*The AER collects a sample of the instruments evaluators used to conduct their study activities. However, programs/clients are required to keep evidence of survey results capturing students’ satisfaction with programming and their perceptions of program impact (****SMV Indicator H-4****).*

**Collaboration** & **Utilization**

**Section IV**

***Briefly describe the collaboration strategies you and program partners engaged in this year.*** *What worked well? How much was evaluation (your participatory study practices, your information sharing) applied to support program functioning,\* if at all? If you could envision any improvements/enhancements to the communication, collaboration, and utilization of evaluation findings & services – what would those be? How would those improvements bring even greater benefit to your client?*

|  |
| --- |
| Please enter your summary, here: |

***Optional Supporting Documents (please attach)***

* **Sample Communication Artifact** featuring formative, data-based recommendations. Please share a memo, brief, correspondence, abridged record from a meeting, etc., in which you provided your client with applicable, improvement-focused recommendations this past year.

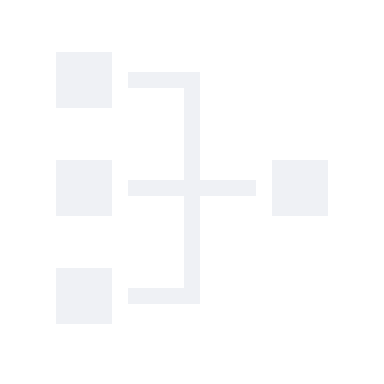
*\*This information helps the state-level team understand more about the effective processes evaluators used to engage with their program partners/clients. Please provide your client with this communication because evidence of collaboration between the evaluator and program, and the use of evaluation findings for continuous improvement, helps satisfy program compliance requirements in* ***SMV Section H****.*

**Logic Model (LM)** *and/or***Theory of Change Model (ToC)**

**Section V**

*Please provide your most up-to-date logic model and/or theory of change mode**l. Consult the Logic Model Guidance document if you are still constructing your model and would like to review the standard components and basic scaffold. \*This illustration helps the state-level team see how the evaluator used client input to visually organize program activities and map those across change pathways to targeted outcomes.*

**INSERT HERE** or **ATTACH SEPARATELY**



**Evaluation Plan** & **End**-**of**-**Year Results Tables**

**Section VI**

*Download the companion excel workbook,* ***AER Eval Plan & Results Tables****. Review the first two sheets with guidance and the overview of the seven tables. Input into the tables the information for the program’s local objectives (as listed in the Template for Goals and Objectives), performance indicators, how they were measured, and what the year-end results were. See below for an example of table 1, Core Ed services – one of the five implementation-related 21CCLC program objectives.*

***EXAMPLE***

|  |  |
| --- | --- |
| **OBJECTIVE 1**  Program Implementation | 21st CCLCs **will offer** a range of high-quality educational, developmental, and recreational services for students and their families. |
| **Sub-Objective 1**.**1** | **Core Educational Services**. 100% of Centers will offer high quality services in **core academic areas**, e.g., reading and literacy, mathematics, and science. |
| **Local Program Objective** | *All sites provide ELA and STEM activities at schedules allowing students to participate in at least 15 hours of programming.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (A)  **Performance Indicator(s)** **(PI)**  of success | (B)  **Target Participants** whose data will be gathered | (C)  **PI Measures**  data collection instruments & methods | (D)  **Analysis performed**  *Brief description* | (E)  **Sample Studied**  % of participants data was collected from  (*if applicable*) | (F)  **Was PI Met?**  Yes/ Partially/ No/ Data pending | (G)  **Results**  in same metrics as PI  *(if Partially or Data Pending briefly explain)* |
| ELA enrichment programming offered 3 hours/day, 3 days/week for 30 weeks, annually | Program Sites A and B | * Program schedules * Observation w/ protocol | * Review of operating dates, days, and hours * Observations verify enrichment programming | NA | Partially | Site A offered ELA activities for 3 hrs/day x 3 days/wk. for 30 weeks. Site B had staffing limitations and offered ELA for 2 hrs/day x 2 days/wk. for 25 weeks. |
| 100% of participating ENL/MLL students receive integrated ENL supports | Students designated as ENL/MLL at the beginning of the academic year | * Site visit observations; review of evidence of Sheltered Instruction Observation Protocol (SIOP) in lesson plans | * Reviewed notes from observations of ENL/MLL afterschool classrooms to check for observational evidence of SIOP used in instruction * Reviewed lesson plans for ENL/MLL afterschool classes for evidence of SIOP methodologies | 100%   * 30 ENL/MLL students in 2 afterschool classrooms were observed; weekly lesson plans were reviewed | Yes | 100% of the ENL/MLL students in the program received integrated SIOP ENL supports |
| 50 students will participate in a STEM class for at least 30 hours each year | All 21st CCLC program participants | * EZ Reports session attendance records | * Descriptive statistics analysis of EZ Reports data | 100% | No | 35 students participated in 30 or more hours of STEM classes |