



**School District:**

**Superintendent:**

**Program Contact:**

**Grant Name:** Kindergarten Partnership & Innovation

**Quarter Reporting:**

**Section I: Cross-Sector Collaboration**

Please list the Schools, and/or Organizations Represented in this Progress Report:

<b>School(s):</b>		
a)	d)	
b)	e)	
c)	f)	
<b>Other Organization(s) or Collaborative(s):</b>		
a)	d)	
b)	e)	
c)	f)	

**Section II: PROFESSIONAL DEVELOPMENT FOR LEADERS, EDUCATORS & SERVICE PROVIDERS**

Professional Development (PD): Did leaders, administrators, educators, teachers, and/or early learning providers participate in any Professional Development funded by your P & I project during the reporting period?  Yes  No

1. If yes, in which school districts/communities did shared PD activities occur:

2. If yes, provide information on PD activities provided for leaders/administrators or educators/service providers in Tables IIA1 and IIA2 below.

**Table IIA1. Leader/Administrator and/or Educator/Provider Professional Development Tracking**

**Instructions:** Please enter **aggregate** information for each type of PD activity (one-time and ongoing) that occurred during the reporting period in the tables below. For a multi-session series, please enter the number of **unduplicated** participants who attended at least one session.

**NOTE:** Please include only those PD activities that were wholly or partially funded using KPI funds and would NOT have occurred without this funding.

**Definitions:**

**Trainings/workshops** are typically a single event or occur at one point in time, usually for a relatively small group of professionals focusing on specific techniques or skills. Capture this data in the table titled **One-Time PD Activities**.

**Conferences** are typically longer in duration or for multiple days, for a relatively large group of professionals, to gather and talk about ideas or problems related to a specific topic. Capture this data in the table titled **One-Time PD Activities**.

A **Series** is typically a training, workshop, or class that extends over 2 or more sessions usually over an extended period of time, with the expectation that the same group of professionals attend each session. Capture this data in the table titled **Ongoing PD Activities**.

**One-Time PD Activities (Trainings, Workshops, and Conferences)**

1. Name(s) of PD Activity(ies)	Focus Areas (select - with an "x" - all that apply)	# Participants Represented by Sector
	<input type="checkbox"/> English-Language Development	<input type="checkbox"/> Early Learning Teacher/Staff
	<input type="checkbox"/> Social-Emotional Development	<input type="checkbox"/> Early Learning Admin/Director

<input type="checkbox"/> Language and Literacy Development	<input type="checkbox"/> K-12 Teacher/Staff
<input type="checkbox"/> Data and Assessment	<input type="checkbox"/> K-12 Administrator
<input type="checkbox"/> Engaging Families	<input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Other (describe below)	
	<b>Total # Participants</b>

**Ongoing PD Activities (Series)**

1. Name(s) of PD Activity(ies)	Focus Areas (select - with an "x" all that apply)	# Participants Represented by Sector
	<input type="checkbox"/> English-Language Development	<input type="checkbox"/> Early Learning Teacher/Staff
	<input type="checkbox"/> Social-Emotional Development	<input type="checkbox"/> Early Learning Admin/Director
	<input type="checkbox"/> Language and Literacy Development	<input type="checkbox"/> K-12 Teacher/Staff
	<input type="checkbox"/> Data and Assessment	<input type="checkbox"/> K-12 Administrator
	<input type="checkbox"/> Engaging Families	<input type="checkbox"/> Other (describe below)
	<input type="checkbox"/> Other (describe below)	
		<b>Total # Participants</b>

**Section III: FAMILIES AND CHILDREN**

Did your KPI project provide any **new** or **enhanced** school or community-based family events, workshops, training, or kindergarten transition activities during the reporting period?  Yes  No

1. If yes, in which communities did shared PD activities occur:

2. If yes, please use the information collected on the "Family Engagement and Child Demographic Survey" and/or the "Family Engagement Sign-in Sheet" to complete Table IIIA below.

**NOTE:** Please include only those activities that were wholly or partially funded through KPI and would NOT have occurred without this funding.

**Table IIIA. Family Engagement/Kindergarten Transition Activity Tracking:**

**Instructions:** Please enter **aggregate** information for each type of family engagement or kindergarten transition activity (one-time and ongoing) that occurred during the reporting period in the tables below. For a multi-session series, please enter the number of **unduplicated** participants who attended at least one session.

**Definitions:**

**One-time** events are those intended to provide families with general or specific information at a single event or occur at one point in time.

A **Series** is typically a training, workshop, or class that extends over 2 or more sessions usually over an extended period of time, with the expectation that the same group of families attend each session.

**One-Time Family Engagement or Kindergarten Transition Activities**

Name of Family Activity (ies)	Focus Areas (Select all that apply)	# Participating Parents/Caregivers	# Participating Children	Primary Languages Represented	Total # Children from Each Racial/Ethnic Background
	<input type="checkbox"/> Parenting Education			<input type="checkbox"/> Chinese	<input type="checkbox"/> American Indian /Alaska Native
	<input type="checkbox"/> Social-Emotional Development			<input type="checkbox"/> English	<input type="checkbox"/> Asian
	<input type="checkbox"/> Language & Literacy			<input type="checkbox"/> Russian	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Kindergarten Transition			<input type="checkbox"/> Spanish	<input type="checkbox"/> Hawaiian/ Pacific Islander
	<input type="checkbox"/> Other (Describe below)			<input type="checkbox"/> Ukranian	<input type="checkbox"/> Hispanic
				<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White

<input type="checkbox"/> Other (describe below)	<input type="checkbox"/> Multi-racial
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**Ongoing Family Engagement or Kindergarten Transition Activities (Series)**

Name of Family Activity (ies)	Focus Areas (Select all that apply)	# Participating Parents/Caregivers	# Participating Children	Primary Languages Represented	Total # Children from Each Racial/Ethnic Background
	<input type="checkbox"/> Parenting Education <input type="checkbox"/> Social-Emotional Development <input type="checkbox"/> Language & Literacy <input type="checkbox"/> Kindergarten Transition <input type="checkbox"/> Other (Describe below)			<input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Ukranian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> American Indian /Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-racial

**IIIB. Early Kindergarten Registration.** Did your KPI funding support the implementation of new or enhanced early kindergarten registration strategies as part of this project during the reporting period?

Yes  No

*If yes*, please describe:

Please specify which communities are working on this:

Please describe any outcomes or changes to local policy/practice that have resulted from your early kindergarten registration strategies (eg, % of children registered early, school districts moving the kindergarten registration date earlier on the calendar, etc.).

**OPTIONAL:** Use this space to describe any P-3 planning activities that took place during the reporting period, and/or any successes or challenges that you have encountered during this reporting period:

## Family Events Outcomes Survey

**Instructions:** Please complete this form at the last session of the Family Events/Programs/Workshops you participated in. By sharing your experiences, and what you learned (or didn't learn), you will help us improve our programs in the future. Thank you! **\*NOTE: Please complete only one survey per family.**

How would you rate the following:	Did Not Discuss or Not Applicable	Before participating in the program					After participating in the program				
		Definitely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Definitely Agree	Definitely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Definitely Agree
1. I know that school attendance is important to my child's academic success.	NA	1	2	3	4	5	1	2	3	4	5
2. I feel confident in knowing how to best promote my child's reading at home.	NA	1	2	3	4	5	1	2	3	4	5
3. I feel confident in knowing how to best promote my child's math skills at home.	NA	1	2	3	4	5	1	2	3	4	5
4. I am prepared to help my child enter kindergarten.	NA	1	2	3	4	5	1	2	3	4	5
5. My child is comfortable at the school.	NA	1	2	3	4	5	1	2	3	4	5
6. I feel welcome at the school.	NA	1	2	3	4	5	1	2	3	4	5
7. My child is ready to start kindergarten.	NA	1	2	3	4	5	1	2	3	4	5
8. My child gets along with other children in a group (shares, take turns, does not hit or argue).	NA	1	2	3	4	5	1	2	3	4	5
9. My child understands and can follow rules.	NA	1	2	3	4	5	1	2	3	4	5

How would you rate the following:		Definitely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Definitely Agree
10.	This program helped me make connections with other parents.	1	2	3	4	5
11.	This program helped me make connections with teachers and staff (e.g., administrators, secretary).	1	2	3	4	5
12.	The information shared in the program was useful.	1	2	3	4	5
13.	I am very satisfied with this program.	1	2	3	4	5

14. What was most helpful or useful to you and/or your child in this program?

Please turn over



15. What suggestions do you have to make this program better?

16. **What is your relationship to this child?**

\_\_\_ Mother \_\_\_ Father \_\_\_ Grandmother \_\_\_ Grandfather \_\_\_ Other, please describe: \_\_\_\_\_

17. **What is your marital status?** Please check only ONE.

\_\_\_ Single \_\_\_ Married \_\_\_ Divorced/Separated/Widowed \_\_\_ Living with Partner

18. **What is the race/ethnicity of your child?** Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> White                         | <input type="checkbox"/> Asian                            |
| <input type="checkbox"/> African American              | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Latino/Hispanic               | <input type="checkbox"/> Alaska Native/American Indian    |
| <input type="checkbox"/> Other, please describe: _____ |   |

19. **What language(s) do you most often speak at home?** Check all that apply.

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> English                       | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Russian   |
| <input type="checkbox"/> Ukrainian                     | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Other, please describe: _____ |                                     |                                    |

20. **How many total children under 18 years old are in your household?** \_\_\_\_\_

- How old are they?** Check all that apply.
- |   |
|---|
| <input type="checkbox"/> 0-3 years old    |
| <input type="checkbox"/> 4-5 years old    |
| <input type="checkbox"/> 6 years or older |

21. **Is your family currently on a waitlist for Early Head Start, Head Start, or a Relief Nursery?**

\_\_\_ Yes \_\_\_ No \_\_\_ I don't know

22. **Is your family currently on a waitlist for any other preschool, early learning program, or child care program?**

\_\_\_ Yes \_\_\_ No \_\_\_ I don't know

**ADMIN USE ONLY (Please complete all relevant fields below)**

School/Neighborhood: \_\_\_\_\_ County Name: \_\_\_\_\_

School District Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Event Title/Name: \_\_\_\_\_ Mo Day Year

Was this event specifically about kindergarten transition? \_\_\_ Yes \_\_\_ No Participant ID \_\_\_\_\_



**Shared Professional Development Participant Survey**

Thank you for taking the time to complete this survey! Because this is part of a statewide assessment, you may or may not be addressing all of the issues we ask about below. Please answer to the best of your ability, based on your local experiences.

- Using the table below, tell us your level of agreement with each statement, thinking about your knowledge, skills, and attitudes **BEFORE** and **AFTER** participating in this professional development opportunity.

<i>Note: If you have not addressed the topic below, please leave that question BLANK.</i>	BEFORE Participating					AFTER Participating				
	Strongly disagree	Disagree	Neutral, no opinion	Agree	Strongly Agree	Strongly disagree	Disagree	Neutral, no opinion	Agree	Strongly Agree
a. I understand what kindergarten teachers expect from children when they start school.	1	2	3	4	5	1	2	3	4	5
b. I understand what kindergarten teachers expect from families when their children start school.	1	2	3	4	5	1	2	3	4	5
c. I do things with children in my work to help them develop the skills they need to be ready for school.	1	2	3	4	5	1	2	3	4	5
d. I have the skills and tools I need to support children and families to transition to kindergarten successfully.	1	2	3	4	5	1	2	3	4	5
e. I know what assessment and screening tools are most commonly used by elementary school/s in my community.	1	2	3	4	5	1	2	3	4	5
f. Kindergarten teachers in our community know what assessment and screening tools are commonly used in early childhood education programs.	1	2	3	4	5	1	2	3	4	5

- Using the table below, please tell us how much you agree or disagree with each statement

	Strongly Disagree	Disagree	Neutral, No Opinion	Agree	Strongly Agree
a. I have opportunities to interact regularly with kindergarten teachers.	1	2	3	4	5
b. I have the resources I need (space, time, substitutes, etc.) so that I can spend time meeting with kindergarten teachers.	1	2	3	4	5
c. Spending time meeting with kindergarten teachers is useful to me in my work.	1	2	3	4	5
d. I have learned a lot by having the opportunity to interact with kindergarten teachers in my community.	1	2	3	4	5

3. Tell us the **most important thing(s)** you have learned through this professional development activity?

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4. In what ways, if any, has what you have learned changed the way you do your work?

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5. What other activities or opportunities to share information/build connections with elementary teachers/staff would be helpful to you?

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6. Which of the following *best* describes your role (**please select only one**):

- Early Learning/Early Childhood Teacher/Staff  
 Other, please specify: \_\_\_\_\_

7. How long have you worked in this role?

- Less than one year       4-6 years       More than 10 years  
 1-3 years       7-10 years

8. What is your Race/Ethnicity? (Please mark all that apply):

- White       African American       Latino/Hispanic  
 Asian       Native Hawaiian/Pacific Islander       Alaska Native/American Indian  
 Other, please describe: \_\_\_\_\_

9. Please list any demographic characteristics of the children you work with (e.g., special needs):

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**ADMIN USE ONLY (Please complete all relevant fields below)**

School or Neighborhood Name: \_\_\_\_\_

School District Name: \_\_\_\_\_

County Name: \_\_\_\_\_

Event Title/Name: \_\_\_\_\_

Date Form Administered (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant ID \_\_\_\_\_



## K-12 Teachers/Staff

### Shared Professional Development Participant Survey

Thank you for taking the time to complete this survey! Because this is part of a statewide assessment, you may or may not be addressing all of the issues we ask about below. Please answer to the best of your ability, based on your local experiences.

1. Using the table below, tell us your level of agreement with each statement, thinking about your knowledge, skills, and attitudes **BEFORE** and **AFTER** participating in this professional development opportunity.

<i>Note: If you have not addressed the topic below, please leave that question BLANK.</i>	BEFORE Participating					AFTER Participating				
	Strongly disagree	Disagree	Neutral, no opinion	Agree	Strongly Agree	Strongly disagree	Disagree	Neutral, no opinion	Agree	Strongly Agree
a. I understand the kinds of child care and early learning experiences children in our community have before they start school.	1	2	3	4	5	1	2	3	4	5
b. I understand how important it is for children to have good early learning experiences <b>before</b> they start school.	1	2	3	4	5	1	2	3	4	5
c. Early learning providers in our community help children develop the skills they need to be ready for school.	1	2	3	4	5	1	2	3	4	5
d. I feel that early learning providers in my community understand my expectations for school readiness.	1	2	3	4	5	1	2	3	4	5
e. I know what assessment and screening tools are most commonly used by early learning providers in my community.	1	2	3	4	5	1	2	3	4	5
f. Early learning providers in our community know what assessment and screening tools are used in my school.	1	2	3	4	5	1	2	3	4	5

2. Using the table below, please tell us how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Neutral, No Opinion	Agree	Strongly Agree
a. I have opportunities to interact regularly with community early childhood providers.	1	2	3	4	5
b. I have the resources I need (space, time, substitutes, etc.) so that I can spend time meeting with early childhood providers.	1	2	3	4	5
c. Spending time meeting with early childhood/early learning providers is useful to me in my work.	1	2	3	4	5
d. I have learned a lot by having the opportunity to interact with early childhood providers in my community.	1	2	3	4	5

3. Tell us the **most important thing(s)** you have learned through this professional development activity?

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4. In what ways, if any, has what you have learned changed the way you do your work?

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5. What other activities or opportunities to share information/build connections with early learning providers would be helpful to you?

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6. Which of the following *best* describes your role (**please select only one**):

- K-12 Teacher/Staff
- Other, please specify: \_\_\_\_\_

7. How long have you worked in this role?

- Less than one year
- 1-3 years
- 4-6 years
- 7-10 years
- More than 10 years

8. What is your Race/Ethnicity? (Please mark all that apply):

- White
- African American
- Latino/Hispanic
- Asian
- Native Hawaiian/Pacific Islander
- Alaska Native/American Indian
- Other, please describe: \_\_\_\_\_

9. Please list any demographic characteristics of the children you work with (e.g., special needs):

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**ADMIN USE ONLY (Please complete all relevant fields below)**

School or Neighborhood Name: \_\_\_\_\_

School District Name: \_\_\_\_\_

County Name: \_\_\_\_\_

Event Title/Name: \_\_\_\_\_

Date Form Administered (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_      Participant ID \_\_\_\_\_