

ADOPT-A-SCHOOL MID-YEAR EVALUATION

Due: January 15th

Coordinator Submitting Report: _____ Your Phone: _____

Organization or school to which you belong: _____ Fax #: _____

Your Adopt-A-School Partner(s) _____

Please complete the information below, which is for the sole purpose of monitoring and assisting your partnership. All information provided will be kept strictly confidential! (Schools: Please evaluate each Adopt-A-School partner separately.)

A. School/Adopter Steering Committee:

1. Approximately, when did you and your partner have your *initial* planning meeting for this school year?

2. Are joint steering committee meetings between school and adopter(s) scheduled on a regular basis?

___ **Yes:** Monthly ___ Bi-monthly ___ Quarterly ___ Other: _____

___ **No:** Meetings called only when needed.

➤ If no, how many face-to-face meetings have you had this school year? _____

➤ How are needs communicated between school/adopter? Is this method working effectively?

****** NOTE: Please continue to submit copies of the minutes from your steering committee meetings to Loo or Carolyn at the Chamber of Commerce office.**

B. Communication: How would you describe communication between the school and adopter(s)?

___ Excellent ___ Good ___ Fair ___ In need of improvement

Comments:

C. Overall Status of Partnership: How would you rank the level of participation of your partner(s) and your partnership's overall effectiveness?

___ Excellent ___ Good ___ Fair ___ In need of improvement

Comments:

➤ **Project Participation:** Please indicate below whether your partnership plans to participate in the following:

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>	<u>Comments</u>
Groundhog Job Shadowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adopt-A-School Week Display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Read Across America Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

➤ **Partnership Project:** Briefly describe one partnership project for this year that is having the greatest impact *on improving the quality of education for students.*

➤ **Needs, Challenges and/or Barriers:** Describe the greatest need, challenge or barrier for your partnership.

➤ **Other :** Other comments, concerns or suggestions about your partnership or about the Adopt-A-School Program in general:

➤ **ADOPTERS:** *Please remember that you will be asked to report in May the approximate number of volunteers, hours and monetary or in-kind contributions that your organization has donated to this partnership.*

Please return this report by January 15th in one of the following ways:

- Email information to loo@tuscaloosachamber.com OR carolyn@tuscaloosachamber.com
- By Fax: 391-0565
- By “pony express” to the *Adopt-A-School* box at the Tuscaloosa County Board Of Education.
- By mail: **Adopt-A-School Program, P.O. Box 020410, Tuscaloosa, AL 35402-0410**
- Questions? Call Carolyn, 391-0556 or Loo, 391-0563.