** Improving Teacher Quality**

***2014-2015 Grant Year-End Project Report***

**Reporting Period: October 1, 2014 ­­– August 31, 2015**

**Submit report by September 10, 2015** electronically by emailing a Microsoft Word (.doc) document to[whagan@bhe.mass.edu](mailto:whagan@bhe.mass.edu) ; cc: [stunney@bhe.mass.edu](mailto:stunney@bhe.mass.edu)

Please include signed Cover Sheet. **S**

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| --- | --- | --- | --- | --- | --- |
| Institution: | | | Project Name: | | |
|  | | |  | | |
| Project Director Name: | | | Title/Position: | | |
|  | | |  | | |
| Address (Street, City, State, Zip): | | | | | |
|  | | | | | |
| Telephone: | | Fax: | | | Email: |
|  | |  | | |  |
| **I, the Project Director, certify that the information reported herein is accurate and complete.** | | | | | |
| Signature: |  | | | Date: |  |

**PROJECT PERFORMANCE**

**I. Executive Summary**

Provide a brief description of the current status of your ITQ funded project. Describe the extent to which you have implemented project activities and components planned for the reporting period. Highlight your major outcomes, successes and challenges. (1 page maximum)

**II. Description of Project Activities**

Describe each of the project activities that were implemented during the grant period from October 1, 2014 to the present, and provide a timeline showing when activities were implemented. The listing of activities here should correspond with how the activities were entered in the ITQ online reporting portal.

**Challenges:** Describe any challenges encountered during implementation, and steps that were taken to address those challenges.

**Partner involvement:** Describe how each project partner was involved with project activities.

**Dissemination Activities:** Describe any dissemination activities conducted during the grant period. Attach copies of any shared materials.

**III. Presentation of Participant Data:**

Referring to the number of participants entered in the portal as anticipated, enrolled, participated and completed, comment on the extent to which actual participants have aligned with the intended participants described in your application.

Please describe the extent to which children were directly involved with the grant activities, if at all.

**IV. Presentation of Formative Evaluation Activities and Results**

1. **Describe the formative evaluation activities** that were implemented during the grant period. *Formative evaluation activities are conducted to gather information to support project improvement. Examples include, but are not limited to, focus groups that address what should be changed or kept the same about an activity, as well as satisfaction surveys.* List and briefly describe each of the formative tools/instruments used (aside from the Participant Feedback Survey) and their intent. Describe who and how many individuals completed each instrument. Copies should be uploaded to the portal if possible.
2. **Provide a summary of the formative evaluation results.** First, present your project’s local formative evaluation results. Results may be presented in table and/or paragraph form. Second, summarize and comment on the results from the statewide ITQ Participant Feedback Surveys for your project. Comment on whether or how these results were used, or may be used in the future, to modify or improve the implementation of activities. You may upload tables with details of the locally collected data as appendices.

**V. Presentation Summative Evaluation Activities and Results:**

1. **Describe each of the summative evaluation activities** (e.g. evaluation related to project outcomes) that was implemented during the grant period. **List and briefly describe the summative tools/instruments used to collect data on project outcomes,** (one to two sentences). Describe the outcome(s) the instrument was designed to assess or measure (e.g. Areas 1-4 below). Upload copies of each instrument to the ITQ portal if possible. Describe when and how each tool was implemented. If there was a control or comparison group, please include information about how the group was selected.
2. **Present a summary of the results of the outcome data collected to date.** Please present a summary of results under each of the four outcome areas listed below. (Indicate if no data were collected under any area.) Present the name of the instrument used, and the number and type of participants who completed each tool (e.g. educators, students, others). The ITQ content gains form should be completed and uploaded for Areas 1 and 2, regarding changes in teacher content or pedagogical knowledge. Detailed results for Areas 3 and 4 should be presented in tables (long tables may be placed in the appendix). If there was a control group, please present the results of the control group alongside the results of the intervention group under the appropriate section(s) below.

**Area 1: Changes in Teacher Content Knowledge**

**Area 2: Changes in Teacher Pedagogical Knowledge**

**Area 3: Changes in Teacher Practice**

**Area 4: Changes in Student Learning Outcomes**

**VI. Discussion of Results:**

Refer back to the original intended outcomes described in your proposal and comment on the extent to which the intended outcomes have been met. Comment on any lessons learned to date.

**VII. Appendices**

**MATCHING FUNDS: Reporting Period April 1, 2015 – September 30, 2015**

**(Please indicate name of each institution)**

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|  | INSTITUTION 1 | | INSTITUTION 2 | | INSTITUTION 3 | |
|  | Total Matching Funds DHE Award | Matching Funds for Current Reporting Period | Total Matching Funds DHE Award | Matching Funds for Current Reporting Period | Total Matching Funds DHE Award | Matching Funds for Current Reporting Period |
| 1) Salaries: |  |  |  |  |  |  |
| Administrator Salaries |  |  |  |  |  |  |
| Staff Salaries: Instructional & Professional |  |  |  |  |  |  |
| Staff Support |  |  |  |  |  |  |
| 2) Fringe Benefits |  |  |  |  |  |  |
| 3) Travel |  |  |  |  |  |  |
| 4) Supplies and Materials |  |  |  |  |  |  |
| 5) Subcontracts |  |  |  |  |  |  |
| 6) Consultants |  |  |  |  |  |  |
| 7) Other Costs: |  |  |  |  |  |  |
| (Please specify) |  |  |  |  |  |  |
| (Please specify) |  |  |  |  |  |  |
| (Please specify) |  |  |  |  |  |  |
| 8) Indirect Costs (maximum of 8% of direct costs) |  |  |  |  |  |  |
| 9) Tuition and Fees for Students |  |  |  |  |  |  |
| 10) |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

**Note: Total Matching Funds DHE Award represents the amount the institution committed to match towards the total DHE award. The second column should indicate matching funds contributed by the institution for the current reporting period.**