

## PERSONAL INFORMATION

**\*1. What is your PRIME TIME Role?**

**\*2. Click to select the name of your PRIME TIME site.**

**\*3. Please provide the information requested below.**

<b>Name:</b>	<input type="text"/>
<b>Home Address:</b>	<input type="text"/>
<b>Home Address 2:</b>	<input type="text"/>
<b>City/Town:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/>
<b>ZIP:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Verify Email Address:</b>	<input type="text"/>

**4. If you were unable to attend any sessions, please click to indicate which. Select all that apply.**

- Session 1
- Session 2
- Session 3
- Session 4
- Session 5
- Session 6
- Session 7 (if applicable)
- Session 8 (if applicable)

Please list the name of the scholar or storyteller who filled in for you during the missed session(s).

**\*5. Please estimate the number of hours you spent planning, organizing, and implementing the PRIME TIME program. (Data provides a more accurate picture of the costs of PRIME TIME)**

Total Planning/Preparation Hours

**PROGRAM INFORMATION**

**\*6. Which PRIME TIME series was utilized for this program?**

**\*7. Was this a bilingual program?**

If other, please list the targeted languages.

## BOOKS AND HUMANITIES THEMES

**\*8. Please rate the effectiveness of the prescribed themes and topics for each session at generating humanities-based discussion.**

Rate the Prescribed Humanities Themes for Each Session

Session 1	<input type="text"/>
Session 2	<input type="text"/>
Session 3	<input type="text"/>
Session 4	<input type="text"/>
Session 5	<input type="text"/>
Session 6	<input type="text"/>
Session 7 (if applicable)	<input type="text"/>
Session 8 (if applicable)	<input type="text"/>

Please explain your response by listing the most/least effective themes and how you would address any theme-related issues.

**\*9. Please rate the overall effectiveness of the books in each session at generating humanities-based discussion.**

Rate the Humanities Content Within the Books for Each Session

Session 1	<input type="text"/>
Session 2	<input type="text"/>
Session 3	<input type="text"/>
Session 4	<input type="text"/>
Session 5	<input type="text"/>
Session 6	<input type="text"/>
Session 7 (if applicable)	<input type="text"/>
Session 8 (if applicable)	<input type="text"/>

Please explain your response by listing the most/least effective books and how you would address any book-related issues.

**\*10. Please list specific examples of humanities questions that generated especially productive discussion.**

## TEAM MEMBERS

**\*11. Please rate the working relationships between you and other implementing team members.**

Rate the Working Relationship Between You and Each Team Member

Co-Discussion Leader (scholar or storyteller)

Program Coordinator

Community Organizer

Preschool Coordinator

Please provide specific examples of team coordination and/or areas of difficulty.

## PARTICIPANTS

**\*12. Based on your observations and experiences, please estimate the amount of participants that prepared for each session by reading the books together at home.**

Estimate How Many Participants Read At Home

Session 1	<input type="text"/>
Session 2	<input type="text"/>
Session 3	<input type="text"/>
Session 4	<input type="text"/>
Session 5	<input type="text"/>
Session 6	<input type="text"/>
Session 7 (if applicable)	<input type="text"/>
Session 8 (if applicable)	<input type="text"/>

Please Explain Your Response

**\*13. Based on your observations and experiences, please indicate the level at which participants demonstrated improved critical thinking skills over the course of the program.**

Please explain your response, and cite examples of responses and conversations (if any).

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**\* 14. Based on your observations and experiences, please indicate the rate at which each group below participated in discussion over the course of the program.**

Rate Each Group's Participation in Discussion

Parents

Children

Please explain your response, and cite examples of responses and conversations (if any).

**\* 15. Based on your observations and experiences, please indicate the level at which participants demonstrated an improved attitude toward reading and learning over the course of the program.**

Please explain your response, and cite examples of responses and conversations (if any).

**\*16. Based on your observations and experiences, please indicate the level at which participants demonstrated an increased level of positive family interaction over the course of the program.**

Please explain your response, and cite examples of responses and conversations (if any).

**\*17. What changes / improvements would you make if leading another PRIME TIME program? If none, please state this. (Please consider all aspects of the program, including training, materials, project management, and local implementation strategies.)**

LEH Management	<input type="text"/>
Training	<input type="text"/>
Manuals	<input type="text"/>
Books	<input type="text"/>
Local Implementation	<input type="text"/>
Other	<input type="text"/>

## Travel Expenses (if applicable)

**18. If reimbursement for mileage and parking/toll fees are required from the LEH, enter the total applicable amounts below. Copies of receipts must be emailed ([primetime@leh.org](mailto:primetime@leh.org)), faxed (504-529-2358), or mailed (938 Lafayette Street, Suite 300, NOLA 70113) to the LEH for verification.**

Estimated Distance between Point of Origin and Host Site (mi)	<input type="text"/>
Total Miles Driven	<input type="text"/>
Total Parking Fees (\$)	<input type="text"/>
Total Tolls Fees (\$)	<input type="text"/>

**ADDITIONAL COMMENTS**

**19. Please use this space to address any issues not mentioned previously.**

**FINISHED!**

Thank You!