

PROGRAM INFORMATION

*** 1. Please enter the information requested below.**

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

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

PROGRAM PLANNING

3. On what date did you host your organizational meeting?

Organizational Meeting Date MM DD YYYY
 / /

*4. Did hosting the organizational meeting benefit the program?

Please Explain Your Response

PRE-REGISTRATION or ENROLLMENT

Provide numerical data on enrollment or sign-up for the program.

***5. Based on information collected on registration cards, enter the number of families and the number of individual participants that signed up for the program.**

Pre-Registered FAMILIES

Pre-Registered PARTICIPANTS

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PROGRAM ATTENDANCE

Provide numerical data on program attendance (those who actually attended the program after enrolling) throughout the program.

The provided information should NOT include team members, volunteers, or any others who are working with the program.

***6. Based on information documented in attendance records, please enter the number of FAMILIES that attended each session.**

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

***7. Based on information documented in attendance records, please enter the number of INDIVIDUALS (children and adults) that attended each session.**

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

Please be sure to complete and return the Attendance Record spreadsheet (on the PRIME TIME Resource Disk and webpage) to Chris Robert via email (robert@leh.org) or fax (504-529-2358).

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PARTICIPANT INFORMATION

Please provide the requested demographic data for program participants below.

The provided information should NOT include team members, volunteers, or any others who are working with the program.

***8. Participant Age--Based on information collected on registration cards and/or documented on attendance records, please enter the NUMBER of participants in each of the specified categories that attended each session. NOTE: The TOTAL number for each session should closely (if not perfectly) match the total INDIVIDUAL attendance at each session provided on the previous page.**

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7 (if applicable)	Session 8 (if applicable)
Preschool Participants (ages birth to 5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elementary School Participants (ages 6 to 10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle School Participants (ages 11 to 13)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School Participants (ages 14 to 17)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult Participants (ages 18 and up)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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***9. Participant Race/Ethnicity—Based on information collected on registration cards and/or documented on attendance records, please enter the NUMBER of participants in each of the specified categories that attended each session.**

NOTE: The TOTAL number for each session should closely (if not perfectly) match the total INDIVIDUAL attendance at each session provided on the previous page.

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7 (if applicable)	Session 8 (if applicable)
Hispanic or Latino, of any race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
White, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>							

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*** 10. Participant Sex/Gender—Based on information collected on registration cards and/or documented on attendance records, please enter the NUMBER of participants in each of the specified categories that attended each session.**

NOTE: The total number for each session should closely (if not perfectly) match the total INDIVIDUAL attendance at each session provided on the previous page.

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

LIBRARY DETAILS

Answer the following questions detailing the extent to which participants were exposed to available library services and resources during the program.

*** 11. Librarian Involvement—Please indicate the extent to which a librarian was involved the program.**

Please Explain Your Response

*** 12. Library Card Applications—Please click to indicate whether library card applications were offered to all participants.**

If "No" Please Explain Your Response

*** 13. Library Cards—How many library cards were issued to participants?**

Number of Issued Library Cards

*** 14. Library Cards—How many participants had library cards before the program began?**

Number of participants with library cards before the program.

PROGRAM IMPACT

Please evaluate the perceived impact PRIME TIME has had on the participants and your agency.

*** 15. Post Program Participation—Please indicate the frequency at which participants (parents and children) visited your agency to utilize resources or to participate in other programs or special events after the PRIME TIME program ended.**

Please Explain Your Response

*** 16. Awareness of Resources, Services, and Opportunities—Please indicate the level at which participants exhibited an improved awareness of resources, services, opportunities available to them as a result of your session commercials.**

Please Explain Your Response

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***17. Parental Involvement—Please indicate the level at which parents demonstrated an enhanced sense of their roles as educators.**

Please Explain Your Response

***18. Comfort in Setting—Please indicate the level at which participants demonstrated an increased level of comfort in the library/school/other venue over the course of the program.**

Please Explain Your Response

***19. Agency Outreach—Please indicate the level at which your agency's relationship with the target population improved as a result of implementing the program.**

Please Explain Your Response

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***20. Agency Partnerships—Please indicate whether your agency established or strengthened any partnerships with other agencies, institutions, businesses, groups, etc. as a result of implementing the program.**

Please Explain Your Response

***21. Agency Publicity—Please indicate whether your agency received any media coverage as a result of implementing the program.**

Please Explain Your Response.

Please email (robert@leh.org) or fax (504-529-2358) copies of media coverage to Chris Robert.

***22. Agency Benefit—Please indicate whether you believe your agency benefitted overall by implementing PRIME TIME?**

Please Explain Your Response

ADDITIONAL COMMENTS

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

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FINISHED!

Thank You!

Please remember to submit the following via fax (504-529-2358) or email (robert@leh.org) along with your final report.

Please note that although community organizers and preschool coordinators now submit final reports on their own, payment for services cannot be issued until contracts are received from program coordinators.

1. Participant Attendance Record (required; see LEH website for form)
2. Participant Entry and Exit Surveys (required; see resource disk)
3. Community Organizer Invoice (REQUIRED FOR PAYMENT; see LEH website for form)
4. Preschool Coordinator Invoice (REQUIRED FOR PAYMENT; see LEH website for form)
5. Transportation Invoice (REQUIRED FOR PAYMENT; see LEH website for form)
6. Copies of any Media Coverage of the program (optional)