

Name of activity, program or service: _____

Beginning Date: _____ End Date: _____ Frequency: _____

Location/Point of Service: _____

What outcome from your ToC/Work Plan does this support? _____

Participants

Type	Estimated	Actual
Students		
Teachers		
Support Staff		
Parents		
Partners		
Children 0-5		
Seniors		
Others		

Volunteers

Type	Estimated	Actual	Hours
Youth/Students			
Parents			
Staff			
Adults			
Seniors			

Partners/Service Providers

Name of Partner/Service Provider	Develop Service	Deliver Service	Financial Donations	Materials Donated	Volunteer Hours

Revenue

Estimate: Revenue: \$ _____ Cost: \$ _____ Balance: \$ _____

Actual: Revenue: \$ _____ Cost: \$ _____ Balance: \$ _____

Indicators of Success / Monitoring Your Progress

Indicators (number of.../participant satisfaction... /level of... /etc.)	Data Sources (questionnaire /attendance /etc.)	Created	Gathered

TARGETED OUTCOMES		
Student Success, Engagement & Well-Being	Community Success, Engagement & Well-Being	Family Support
Academic Success	Lifelong learning	Early childhood education Development of parenting skills Health and wellbeing (students' families) Parental engagement at school
Student Engagement at school	Economic well-being	
Support for transitions	Sense of belonging to the school	
Sense of belonging to the school	Sense of belonging to the community	
Sense of belonging to the community	Community involvement in the school	
Student involvement in the community	Health and well-being	
Health and well-being		
Support for teachers		

