### 5B) Interim Reports

**The second payment of grant funds will be contingent upon the acceptance of the interim report by the Commission. The Interim Report and all associated forms can be found in Appendix H, the report must include:**

* An assessment of the progress towards attainment of goals and objectives,
* A Participant Roster (form provided) that includes: position (teacher/principal/highly qualified paraprofessional, subject taught, participant’s school, school district, grade levels taught, and number of students impacted by their teaching during the academic year in which the professional development takes place,
* A Participant Contact Hours by School Level table (form provided),
* A Budget Summary worksheet for the reporting period (form provided) that shows how much of the grant has been spent and how much remains in each line item of the original accepted budget proposal,
* Responses to the other questions posed on the interim report form, and
* Evidence that the project is progressing with sufficient effectiveness to continue.

See below under “Narrative Reports” for more information about gathering participant data. MHEC reserves the right to request a revised expenditure budget based on the Interim Report prior to the disbursement of subsequent payments on the grant.

**Interim Report**

**Improving Teacher Quality State Grant Program**

|  |
| --- |
| **Grant # and Project Title #:** 17-XXXX |
| **Submitted By:** | **Reporting Period: January 23, 2017 – August 4, 2017** |

**Please attach additional sheets for your responses. Address all questions and add any other information you think pertinent. This form is available online in MS Word format at http://www.mhec.state.md.us/institutions\_training/Pages/grants/itq.aspx. The budget form is available in Excel and Word formats.**

* 1. Refer to your accepted proposal. List the project goals and objectives and any other related milestones indicated in your initial proposal. Under each one, indicate how the project is progressing in meeting those objectives. Indicate beside each how this interim assessment was made (evaluator’s report, data sources, etc.) If your evaluator was to turn in an interim report, attach that report to this document.

**2. Participant Information**

* + 1. Submit a Participant Roster that lists each one’s name and school affiliation, as well as grade level and/or subject taught. This roster should be the participant information sheet from the RFP. See Interim Report Table 1: Participant Roster.
		2. Complete the Participant Contact Hours table (Interim Report Table 2). Note the key for indicating if credits were earned. Put the number and the type together in the appropriate column(s). A contact hour means time higher education faculty spent with the professional development recipients in an activity; it does not include teacher preparation time. Contact hours refer to participant hours, not project staff hours, and should be calculated **per participating teacher**—do not multiply by the number of participants.

Note: Contact hours are calculated based on participant time, not project staff time; contact hours are per participant (do not multiply by the total number of participants).

C. Complete the Interim Report Table 3: Participant Activity (table optional, information may

 be reported as narrative).



**Interim Report Table 2: Participant Contact Hours by School Level (Required)**

**Grant Number and Project Title**

**Reporting Period 01/23/17 – 08/04/17**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Participants | Elementary | Middle | High | Total Participants |
| # | ContactHrs. Per Participant | Credits Earned by # & Type) | # | ContactHrs. *Per Participant* | CreditsEarned: # and Type | # | ContactHrs. *Per Participant* | CreditsEarned by # & Type |  |
| **Principals** |  |  |  |  |  |  |  |  |  |  |
| **In-service teachers:** |  |  |  |  |  |  |  |  |  |  |
| Out-of-field |  |  |  |  |  |  |  |  |  |  |
| Provisional/ConditionalCertification |  |  |  |  |  |  |  |  |  |  |
|  Other: \_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Highly qualified****Paraprofessionals** |  |  |  |  |  |  |  |  |  |  |
| **Other: \_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  |  |
| **Total Participants by School Level** (Elem, MS, HS) |  |  |  |  |  |  |  |  |  |  |

**TABLE KEY:**

 U = Undergraduate credit hours

 C = MSDE continuing professional development credit

 G = Graduate credit hours

 O = Other (explain)

**Interim Report Table 3: Participant Activities**

**Grant Number and Grant Project Title**

**Reporting Period 01/23/17 – 08/04/17**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Activity | Activity Date(s) | Major Activity Objective(s) | Number of Participants (Identify Participant Type) | Contact Hours |
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* 1. Please provide an overview of how your project is progressing:

(a) Did the project start on time? If not, please discuss why.

(b) Has the project recruited the projected number of participants? If not, please discuss the difference.

* 1. What are the greatest challenges and/or major issues faced by the project? How will the project address these?
	2. What does the management team find to be the greatest successes of the project?

Why?

* 1. If participants have agreed to be contacted later for a statewide evaluation, please attach any related documentation.
	2. Include a roster of participants. Indicate where each teacher works and where each is in terms of the participant table categories. Fiscal report (see next page). Explain any anomalies.

**Contact MHEC immediately if you anticipate any difficulties completing all activities on schedule and according to the proposed budget.**

**Sample Participant Sign-In Sheet for Improving Teacher Quality (ITQ) Grant Funded Activities**

*Use this form to track activity participation for tuition and/or stipend purposes as well as grant reporting requirements for Interim and Final reports.*

Grant Number and Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Heading Abbreviations To Be Used—Please fill in the appropriate columns with all abbreviations that apply to your teaching for the current year (year one of the grant project)**

 **Grade Level Taught:**

E Elementary (PK-5)

 M Middle School (6-8)

 H High School (9-12)

 S Special Education (use this initial with others as appropriate)

 **Experience Level:**

Pre Pre-service (highly qualified paraprofessional) N New teacher (less than 2 years of experience)

 P Administration (assistant principals, principals) O Out-of-field teaching

 I Instructional coach or central office specialist APC Advanced Professional Certificate

 RTC Conditional or provisional certification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **Name of School AND School District** | **Grade Level Taught** | **Experience Level** | **Subject(s) Taught this Year & Next** |
| **Surname** | **First Name** | **Street Address** | **E-mail** |  |  |  |  |
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