

C.O.R.E. Susquehanna Accomplishment Report
Period Covered: Sept. 1- Mar. 30 April 1- Aug. 31
Circle one time period

Name _____ Site Served _____

Education

Check the category that describes who you served.

Children 4-12 _____
Youth 13-18 _____
Adults 19-55 _____
Seniors 56+ _____

In what other ways may you identify those you serve? (ex. Children at risk, high or low income, urban or rural etc.) _____

Describe your Activity (ex. Tutor individuals, assist in classroom, provide after school home work help, etc) _____

How do you measure progress for the students you serve?

Grade comparison _____ Pre/Post tests or inventory comparison _____ Teacher or member observation _____ Other (describe) _____

Note: attach completed tracking forms etc. that show measured progress

How many students did you serve? _____

How many of these students demonstrated progress? _____

Did you meet or exceed your sites objective? Yes _____ No _____

Describe any changes you plan to make to enhance present progress or performance at your site _____

Describe one successful or positive student/youth interaction that is particularly memorable. Please be specific and, if necessary detailed. You may use another sheet of paper.

Are there any other activities for this reporting period that you wish to describe?

Do you have a unique success or "great story" that shows how AmeriCorps gets things done?

Have you had media coverage of your service at your site? Yes _____ No _____
If yes, please attach a copy to this report. If no article is available, please describe.

Volunteer Recruitment: List the number of volunteers that you helped to recruit with your service activities this report period _____

Number of service hours by volunteers: _____

Note: Attach the original, completed volunteer tracking sheet with your report.

Please list any trainings, workshops, seminars, conferences that your service site provided for you during this reporting period with the number of hours involved in each training.

Signature of Member _____

Printed Name of Member _____

Signature of Supervisor _____

Printed Name of Supervisor _____

Date Submitted _____

