

# C.O.R.E. Susquehanna Accomplishment Report

Due Dates:    **March 1**                      and                      **August @ Exit Interview**  
(Circle one time period)

Name \_\_\_\_\_ Site Served \_\_\_\_\_

## Education

Check the category that predominately describes who you have 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 just started in this reporting period? \_\_\_\_\_

How many students completed the program this reporting period? \_\_\_\_\_

How many students continued from your previous reporting period? \_\_\_\_\_

How many students demonstrated progress? \_\_\_\_\_

What subjects did you tutor? \_\_\_\_\_

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 \_\_\_\_\_

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How many of those you served began a program or received training on health related matters? \_\_\_\_\_ Nutrition related matters? \_\_\_\_\_

How many of those you served who received training on health related matters completed that program or training? \_\_\_\_\_ Nutrition related matters? \_\_\_\_\_

How many showed measurable progress in knowledge or practice as a result of the training provided? \_\_\_\_\_

How did you measure that progress? (pre-post surveys, tests, self assessment, personal tracking charts? Other?

How many participated in physical exercise as a part of your service program? \_\_\_\_\_

How many have changed behaviors because your physical exercise program? \_\_\_\_\_

How did you determine that change of behavior? \_\_\_\_\_ (pre-post surveys, self assessment, personal tracking chart, other?)

\*Please include a copy of the tool used to measure or chart progress. Copies of attendance logs and tools to measure progress should be maintained at the service site as well as being submitted with the report.

### **Group Educational presentations**

Did you provide group presentations? \_\_\_\_\_ If so- how many? \_\_\_\_\_

How many individuals attended these presentations? \_\_\_\_\_

How many participants indicated an increase in skill or knowledge through these presentations? \_\_\_\_\_

How did you measure that increase? \_\_\_\_\_

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. Only count a person once in the program year.

\_\_\_\_\_

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 \_\_\_\_\_

08/09