**Fiscal Year 2023 Out of School Time Program Report**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grantee Name |  | | | | | Date |  | |
| Name and Email of Person Submitting Report | |  | | | | | | |
| Total Number of **Youth Actually Served by Organization** per reporting period | | | | | | | | |
| 10/1/2022 – 1/31/2023 | | | | 2/1/2023 – 5/31/2023 | | 6/01/2023 – 9/30/2023 | | |
|  | | | |  | |  | | |
| Total Number of **Youth Actually Served by OST grant funds** **- by Grade Level per reporting period** | | | | | | | | |
|  | | | 10/1/2022 – 1/31/2023 | | 2/1/2023 – 5/31/2023 | | | 6/01/2023 – 9/30/2023 |
| K (Kindergarten) | | |  | |  | | |  |
| Grade 1 – 3 (Primary School) | | |  | |  | | |  |
| Grade 4 – 5 (Primary School) | | |  | |  | | |  |
| Grade 6 – 8 (Middle School) | | |  | |  | | |  |
| Grade 9 – 12 (High School) | | |  | |  | | |  |
| Total | | |  | |  | | |  |

1. Share a success story that illustrates the impact the program has made on the children/youth served during the reporting period. Separately, provide information on pre- and post-program academic assessments administered by both the provider and the student’s school, if applicable.
2. Describe the program outcomes, goals, or objectives achieved this reporting period.
3. Has there been any challenges, lesson learned, or obstacles that have prevented the organization from successfully implementing the program, or barriers to achieving the goals and objectives of the grant agreement, if so, what has/ will the organization do to overcome those barriers?
4. Describe any program improvements or promising practices.
5. Share any other relevant information, news, media, events, awards, or activities that the organization wishes to highlight with respect to the program.