

**ONEIDA SPECIAL SCHOOL DISTRICT**  
**EXTENDED LEARNING EVALUATION**  
School Year \_\_\_\_\_ to \_\_\_\_\_

Teacher \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

***Purpose of Activity***

\_\_\_\_\_ Remediation

\_\_\_\_\_ Enrichment

\_\_\_\_\_ Other: Please specify \_\_\_\_\_

***Hours of Involvement***

Total Number of Students Served \_\_\_\_\_  
(Please attach list)

Number UNDUPLICATED Students Served \_\_\_\_\_

How many of these students demonstrated:

Better behavior? \_\_\_\_\_

Better attendance? \_\_\_\_\_

Increase in academic achievement  
(better grades of test scores) \_\_\_\_\_

Teacher Hours with Students \_\_\_\_\_

Planning Time \_\_\_\_\_

***Please answer the following questions concerning the extended learning activity:***

Target Population

Description of Activity:

Evaluation of Activity

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Teacher Signature