Orange County Department of Education SSEL Site Visit

Date of Visit: | **Time of Visit:**

TECHNICAL ASSISTANCE

Technical Assistance:

☐ UNIVERSAL   ☐ TARGETED   ☐ CRITICAL   ☐ STEM

Type of Technical Assistance:

☐ Coaching   ☐ Consulting   ☐ Facilitation   ☐ Mentoring   ☐ Brokering Resources

GRANTEE INFORMATION

Grantee Name: _____

District / Agency: _____

Program Site: Name of School: Address:
CDS Code:

Grantee Contact: Name: Title:
Phone: Email:

Grant Type (at site):

☐ ASES   ☐ ASSETs   ☐ 21st Century   ☐ Supplemental

Grant Award Amount:_____

SITE VISITING TEAM

PROGRAM STAFF

Site Coordinator Name: | **Number of Staff:**

7 Intentions for Site Visits:

☐ Assess & Promote Program Quality   ☐ Foster Program Reflection   ☐ Identify Technical Assistance Needs   ☐ Foster Alignment

☐ Build Relationship   ☐ Collect Data   ☐ Assess Program Compliance

ATTENDANCE

Targeted Daily Attendance: | **Actual Daily Attendance:**

PROGRAM COMPONENTS

☐ Reading/Language Arts ☐ Mathematics ☐ History/Social Studies ☐ STEM ☐ Tutoring ☐ Homework Assistance

☐ Fine Arts ☐ Health and Nutrition ☐ Physical Activity ☐ Youth Voice and Leadership ☐ Service Learning ☐ Other:_____

School Day Alignment

Quality Standard Focuses

Continuous Quality Improvement (CQI)

☐ Not Evident ☐ In Progress ☐ Evident   CQI Focus: _____

PROGRAM HIGHLIGHTS

BROKERING RESOURCES

ADDITIONAL INFORMATION/ FOLLOW UP

Follow Up Needed: ☐ Yes ☐ No   ☐ Phone ☐ Email ☐ Meeting   Date:_____