

**Provider Information**

TA Site Visit Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (s) of Resource Center Staff Conducting TA Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Subgrantee Name and Project Number: 0187-24-

Staff Member (s) present during TA Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated Contact Information for subgrantee (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Enrollment Number: \_\_\_\_\_\_

Grant Target Enrollment Number: \_\_\_\_\_\_

Check in Follow up Date: \_\_\_\_\_\_\_\_

**22-23 Enrollment and Attendance Information (as of )**

| Total number of enrolled students this year | Number of students achieving 15 hours or more |
| --- | --- |
|  |  |

**Areas of Technical Assistance: (check all boxes that apply)**

| Parent Engagement |  |
| --- | --- |
| Youth Development |  |
| Recruitment and Retention |  |
| Professional Development |  |
| Budget Support |  |
| Program Reporting/Modification  Day and After School Linkages |  |
| Other: |  |

**Program Notes/Background on Area (s) of Technical Assistance Required**



**Description of Technical Assistance Requested**



**Strategic Action Plan to Improve Performance:**

| Action | Person Responsible | Support Staff/Individuals | Due Date |
| --- | --- | --- | --- |
|  |  |  |  |

**Additional Follow up from Technical Assistance Center (if needed)**

| Action | Person Responsible | Support Staff/Individuals | Due Date |
| --- | --- | --- | --- |
|  |  |  |  |