



Department of Parks, Recreation and Neighborhood Services

**SAN JOSE AFTER SCHOOL
FINAL PROGRAM PERFORMANCE REPORT FY 2008-2009
(September 1, 2008 – June 30, 2009)
Due July 31, 2009**

NAME OF SITE: _____
SCHOOL DISTRICT/AGENCY: _____
CONTACT NAME AND PHONE: _____

Actual Start Date of the Program	How many days during the week does your site operate? (Choose 1 – 6)	How many hours does the program operate each day? (For example: If the program operates from 3:00 pm to 5:00 pm, please indicate 2.0 hours)						What is the Average Daily Attendance for this program? (Actuals)	When do you anticipate ending the homework center program? (Please give us the projected last date.)
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		

Program Description

(Please list activities and percent of time spent in each activity at your site for the year)

1. _____ (%)
2. _____ (%)
3. _____ (%)
4. _____ (%)

Total number of unduplicated students served in FY 2008-09 at the site: _____

The FY 2008-09 Homework Completion rate for the students at my site is (please circle one):

Less than 30% 31-54% 55 – 79% 80% and above Actual # _____

Please send completed forms to:
 City of San José, Parks, Recreation and Neighborhood Services
 San José After School Program
 200 E. Santa Clara Street, 9th Floor
 San José, CA 95113-1905
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