

Office of Grants & Funded Programs

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Dear Families,

Troy City School District is excited to announce that the district is a recipient of the Empire State After School Grant. The grant allows for each elementary school to hold an after school program across the district. Students in **Grades K - 5** will be eligible to apply to participate in the program. The programs will be held five days a week from 2:15 p.m. - 5:15 p.m.

Transportation information:

- Students in Grades 2 5 can be transported home from the after school program if they are currently receiving transportation from the District. However, please note that if accepted into the program, this new after school program transportation time will replace their regularly scheduled home transportation (approximately 2:15 p.m.). This means if your child needs to leave prior to the end of the after school program (5:15 p.m. dismissal) the parent or guardian will need to coordinate transportation.
- Students in Kindergarten and Grade 1 will need to be picked up by a parent or guardian at dismissal of the after school program at their program site.

Dinner will be provided for all students during program hours. The program will offer academic support, mindfulness activities and enrichment activities. The Troy YMCA, Troy Boys and Girls Club and Albany JCC will be partners through the program.

The program is scheduled to begin **January 16, 2018** and will run through **June 19, 2018**. If you are interested, please complete the attached application and survey and return to your child's school by **December 22, 2017**. An application needs to be completed for each child you wish to attend. Space is limited at each school. You will be notified by letter if your child has been accepted. If you have any questions please feel free to contact me.

Sincerely,

Juli Currey



Child's Name:	Empire State After School Program Application Program Start Date: January 16, 2018 Please return the completed form and survey to your child's school				
Child's Grade: (circle one) K, 1, 2, 3, 4, 5 Does your child currently have an IEP: (circle one) yes or no Parent/Guardian Name (print):	Child's Name:				
Does your child currently have an IEP: (circle one) yes or no Parent/Guardian Name (print):	Elementary School:	Child's Teacher:			
Parent/Guardian Name (print):	Child's Grade: (circle one) K, 1	, 2, 3, 4, 5			
Home Address:	Does your child currently have	an IEP: (circle one) yes or no			
Phone Numbers: Home:	Parent/Guardian Name (print):				
Home:	Home Address:				
Emergency Contact Information: Name:	Phone Numbers: Home:Wor	rk:Cell:			
Name:	Email:				
Phone Number:					
My child (grades 2 nd – 5 th only) will take district transportation home from the after school program: (circle one) yes or no By circling yes, I understand my child will no longer have the regularly scheduled school day transportation home - only after school transportation. In the event my child does not attend the after school program, I understand I am responsible for transportation home from school. Parent Signature:	Relationship:				
program: (circle one) yes or no By circling yes, I understand my child will no longer have the regularly scheduled school day transportation home - only after school transportation. In the event my child does not attend the after school program, I understand I am responsible for transportation home from school. Parent Signature:	Phone Number:				
	program: (circle one) yes or no By circling yes, I understand my or transportation home - only after se	child will no longer have the regularly scheduled school day chool transportation. In the event my child does not attend the			
Additional information regarding my child (optional):	Parent Signature:				
	Additional information regarding	my child (optional):			

Please complete the attached survey

Parent/Guardian Involvement Survey/Needs Assessment Troy City School District

Dear Parents/Guardian,

As part of the requirements for participation in the Empire State After School Program, we ask that you complete the following survey. The purpose of the survey is to gather data which will help develop strategies that enhance collaboration between schools, teachers, and families.

Please complete the entire survey. All data from the surveys will be confidential and identifiable only by school. Thank you for participating in this important element of the Empire After School Program.

Demographic Data: Please fill in the blanks in the following sentence.

My child/children attend ______(insert name of the elementary school).

I/We have ______child/children attending this school (insert number of children).

I/We have been in the Troy City School District as a parent or guardian for ______years.

My child/children are currently in grade(s) ______.

Needs Assessment:

Part I: From the list questions below, please check the items that apply to you.

1) In what ways are you currently involved in your child's/children's education.

- _____help with homework
- _____read to my child/children
- _____attend PTA/PTO meetings
- _____communicate regularly with my child's/children's teachers
- _____volunteer in the classroom
- _____attend field trips
- _____attend parent/teacher conferences
- _____ other (please explain):

2) What type of activities would you likely attend at your child's/children's school?

- _____PTA/PTO meetings
- _____parenting workshops

_____technology training

- _____curriculum and academic meetings
- ______social and community building opportunities
- _____teacher and administrator meet and greets
- _____parent/guardian orientation meetings
- _____art, music and theater performances
- _____ other (please explain):

Part 2: For each statement below, please check the answer that most closely matches your opinion on your child's/children's school for this year. If you do not know or do not have enough information to answer the item, please check "don't know."

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I receive information from the	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
school on ways to help my child					
learn					
My child's teacher asks for a					
face to face meeting at least					
twice a year					
My child's teacher is very good					
about communicating about my					
child's progress.					
Communication from the school					
is easy to understand.					
If I have a question or concern,					
school personnel respond					
quickly.					
I am invited to school to					
participate in school activities.					
My child's school is welcoming					
to all parents and guardians.					
The school encourages parent					
engagement in academic					
activities.					
Meetings/activities are offered at					
times when I can attend					
I understand the way that my					
child's school works.					

Part 3: My level of involvement in the schools would likely increase if the following was provided.

	Yes	No	Already provided
Child care			
Transportation			
Translator			
Opportunities to network			
with other families			
Parenting Workshops			

Parent 4: Indicate your level of involvement with your child's/children's school by circling a response below:

Very involved

Involved Somewhat involved

Involved a little

Not involved yet, but would like to become more involved Now, in the space below, explain your biggest challenge to being more involved in your child's/children's education and school. Also, if possible, indicate some ways that this challenge could be addressed or fixed.