**Madison Metropolitan School District**

**School-Community Partnerships
2nd Quarter & End-of-Year Report**

Partnership/Program Name:

Partnering Organization:

Partnering MMSD Department Name:

Partnership Intensity Level:

Term of Partnership Agreement:

Person Completing Report:

Email:

Date:

1. **Program Summary**

*Provide a general summary of the partnership/program activities.*

1. **General Information**
	1. Partnering MMSD Department Name:
	2. Total number of participating schools:
	3. Participating school names:
	4. Total number of participating students:
2. **Progress Towards Meeting Goals and Outcomes**

*List each goal and outcome, as stated in the MOA. For each outcome, provide specific evidence (data and/or narrative) demonstrating the extent to which the outcome was met. If necessary, provide an explanation as to why an outcome was not met. Include charts/tables and attach additional data/evaluation reports if applicable.*

1. **Successes**

*Describe key successes experienced over the course of the term of the agreement.*

1. **Challenges**

*Describe key challenges experienced over the course of the term of the agreement.*

1. **Continuous Improvement**

*Describe specific areas for improvement and identify proposed actions to be taken during the next term to support improvement.*