

ILLINOIS STATE BOARD OF EDUCATION

Grants and Programs Division
100 North First Street, N-242
Springfield, Illinois 62777-0001

QUARTERLY HOMELESS REPORT

FY 2009 ILLINOIS MCKINNEY-VENTO HOMELESS EDUCATION GRANT

GRANTEE/SUBGRANTEE _____

Instructions: Please select the quarter for which the school district is reporting.

Quarter	Time Period	Due to Area	Due to ISBE
<input type="checkbox"/> 1	July 1-September 31, 2008	October 4, 2008	October 13, 2008
<input type="checkbox"/> 2	October 1-December 31, 2008	January 6, 2009	January 12, 2009
<input type="checkbox"/> 3	January 1-March 31, 2009	March 17, 2009	March 23, 2009
<input type="checkbox"/> 4	April 1-June 30, 2009	June 8, 2009	June 15, 2009

GRANTEE/SUBGRANTEE _____

SUBGRANTEE LIAISON	TITLE	DATE
SUBGRANTEE AGENCY NAME	TELEPHONE (Include Area Code)	
ADDRESS (Street, City, State, Zip Code)	FAX (Include Area Code)	
	E-MAIL	

DATA COLLECTION

Please provide the number of homeless students enrolled in your school in the following grade levels.

Grade Level	Reported In 1st Qtr.	Reported In 2nd Qtr.	Reported In 3rd Qtr.	Newly Added In 4th Qtr.	Grand Total (1st-4th Qtrs.)
K					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

How many student referrals have you received during the quarter for which you are reporting for liaison services? _____

SERVICES AND ACTIVITIES

As you consider the students reported in the previous section, please provide the number of these students to whom your school has provided the following assistance. Each quarter's numbers are reported separately and then a final report will be the total of all quarters during the grant year in which services were provided.

Service/Activity	Number Of Students
Obtaining or transferring records necessary for enrollment	
Transportation	
School supplies	
Clothing to meet a school requirement	
Tutoring and other instructional support	
Assistance with participation in school programs	
Before and after school programs	
Mentoring	
Summer programs	
Emergency assistance related to school attendance	
Early childhood programs	
Referrals for medical, dental and other health services	
Counseling	
Parent/teacher/administrator conferences	
Addressing needs related to domestic violence	
Parent education relating to rights and resources for children	
Coordination between schools and continuum of care agencies	
Referral to other programs/services outside of school	
Other:	
Other	
Other	

QUARTERLY REPORTED BARRIERS

Please identify barriers that your school has experienced while serving homeless children and youth during the quarter for which you are reporting. Please describe details, including the end result. Please provide the number of students impacted by this barrier. Use additional sheets, if necessary.

Barrier - Those issues that have been resolved by the Homeless Education Program and Staff	Number of Students
Difficulty determining eligibility for homeless services Details:	
School Selection Details:	
Transportation Issues Details:	
School Records (transferring, lost, other) Details:	
Immunizations or other medical records Details:	
Other (please be specific) Details:	

TRAINING

Have you or other staff members received or provided McKinney-Vento related training and/or attended conferences relating to homeless children and youth this quarter?

Yes

No

If yes, please list individual(s) who attended, the date and location:

Name	Date	Location	Topic/Title

Please provide a short summary of the training(s) attended:

Please provide topics you would like to see addressed by Area Lead Liaison or the State Coordinator in future trainings:

GOOD NEWS

Please share your success stories:

CONTINUING CHALLENGES

Please share any challenges that you and the schools you serve continue to confront. This will help both Area Lead Liaison and the State Coordinator better identify needs and potential programs and services.

LIAISONS

Did the person serving as the local homeless liaison change this quarter? Yes No

If Yes, please complete the following

Previous Liaison	New Liaison	Date New Liaison Trained	New Liaison Not Trained	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

If your school district has appointed a new liaison for the upcoming year, have you registered this person in the Illinois State Board of Education IWAS NCLB Education for Homeless Children and Youth Data Collection instrument?

Yes No The new liaison is unknown to me

To the best of my knowledge, this report is accurate and complete.

Date *Signature of Local Homeless Liaison* *Date* *Signature of District Superintendent*