MLSC Out-of-School Time Grant-Year 1 Annual Report Sample

Program Information

* 1. Grant Recipient: Name of School/District/Organization

* 2. Primary Contact

Name

Email

Phone

* 3. Award Amount

* 4. Month(s) & Year Program Implemented

* 5. Name and brief overview of grant-funded program/course (1-2 sentences):

* 6. Schools (and grades) served by the grant:

* 7. Was this grant for a new program/course?

- ◯ Yes
- ◯ No
- ◯ Other (please specify)

* 8. Enrollment & Impact Program Data (for students participating in the program)

Number of elementary school students currently enrolled in program/project:

Number of middle school students currently enrolled in program/project:

Number of high school students currently enrolled in program/project:

List the regions served by the program/project (Western MA/ Central MA / North East/ South East/ MetroWest/ Greater Boston):

Number of students participating in other out-of-school time STEM related activities (after school, weekend, summer):

Please list other out-of-school time STEM programs attended:

Number of students participating in STEM apprenticeships/intern ships:

(For high school seniors only) Number of students entering college majoring in STEM:

(For high school seniors only) Percent of total seniors entering college majoring in STEM:

(For all other participating grades) Number of students PLANNING TO enter college majoring in STEM:

(For high school seniors only) Percent of total seniors PLANNING TO enter college majoring in STEM:

(For all other participating grades) Percent of students PLANNING TO enter college majoring in STEM:

(For high school seniors only) Number of students entering post-graduation training programs in STEM:

(For high school seniors only) Percent of total seniors entering post-graduation training programs in STEM:

(For all other participating grades) Number of students PLANNING TO enter post-graduation training programs in STEM:

(For high school seniors only) Percent of total seniors PLANNING TO enter post-graduation training programs in STEM:

(For all other participating grades) Percent of total students PLANNING TO enter post-graduation training programs in STEM:

(For high school seniors only) Number of students entering life sciences workforce post-graduation:

(For high school seniors only) Percent of total seniors entering life sciences workforce post-graduation:

(For all other participating grades) Number of students PLANNING TO enter life sciences workforce post-graduation:

(For high school seniors only) Percent of total seniors PLANNING TO enter life sciences workforce post-graduation:

(For all other participating grades) Percent of total students PLANNING TO enter life sciences workforce post-graduation:

9. Please use this space to write additional comments or expand upon responses from the previous question, as needed.

Grant Impact

* 10. Do you have any partnerships with local school districts?

- ◯ Yes
- ◯ No
- ◯ Other (please specify)

11. If yes, list your school partners.

12. If yes, how has your program supported school-based life sciences curriculum?

* 13. How have MLSC grant funds impacted the capacity, effectiveness, and quality of instruction and opportunities for career awareness provided by your program? (Select all that apply.)

- [ ] Expanded program and/or course offerings.
- [ ] Acquisition of advanced equipment and technology for improved training and delivery.
- [ ] Hired additional qualified instructors to cater to growing demand.
- [ ] Implemented updated curriculum aligned with industry standards.
- [ ] Industry engagement for enhanced skills training.
- [ ] Increased internships within the life sciences industry.
- [ ] Enhanced student career awareness and exposure.
- [ ] Increased student performance, engagement, and interest in life sciences.
- [ ] Provided hands-on activities and experiences to maximize student engagement and interest.
- [ ] Enhanced student support services.
- [ ] Other (please specify)

* 14. As a result of the grant funding, what types of training, workshops, or certifications were offered to students? (Select all that apply.)

- [ ] Soft skills development
- [ ] Technical and hands-on skills training
- [ ] Career Awareness
- [ ] Career fairs/Networking events
- [ ] Industry-specific certifications
- [ ] Other (please specify)

* 15. Describe the types of skills development, training, workshops, or certifications you selected above.

* 16. Describe the career awareness and exploration activities students participated in during your program this year?

* 17. Specify what types of technical training and/or hands-on activities were provided in your program.

* 18. What metrics were used to measure the success and impact of the program, how was each area assessed, and what were the outcomes of your evaluations?

(Describe all that apply; include data such as average assessment scores, # students assessed, pre-assessment comparison data, assessment topics, etc.)

Continuing education in STEM fields.

Evaluation of student post-program skills and knowledge.

Evaluation of student soft skills development.

Student satisfaction with the program.

Student awareness and understanding of life sciences careers.

19. Optional: Use this space to upload any supporting documentation related to your evaluations or outcomes analysis.

Choose File Choose File No file chosen

* 20. Create and upload a report that analyzes and compares the data from your pre-program and pos-program surveys.

(As applicable to your survey, summarize changes in STEM/life sciences technical skills proficiency; content knowledge; confidence and/or interest in pursuing STEM/life sciences educational pathways; awareness and understanding of STEM (AND specifically life sciences) careers; confidence and/or interest in pursuing STEM/life sciences careers; professional (soft) skills proficiency; etc.)

Choose File Choose File No file chosen

* 21. Upload a copy of your student pre-program survey.

Choose File Choose File No file chosen

* 22. Upload a copy of your student post-program survey.

Choose File Choose File No file chosen

* 23. Which specific areas have seen the most significant positive impact from the grant funds? (Select all that apply.)

- [ ] Expansion of program offerings to meet industry demands.
- [ ] Increased enrollment and interest in programs.
- [ ] Upgrading and modernizing existing training facilities.
- [ ] Developing new partnerships with employers and industries.
- [ ] Positive feedback from participants about life sciences knowledge and skills.
- [ ] Other (please specify)

24. Provide additional comments for the previous question if needed:

* 25. What role have industry partners served thus far? (Select all that apply.)

- [ ] Provided skills training.
- [ ] Hosted interns.
- [ ] Consulted on high-demand skills for curriculum/program enhancement.
- [ ] Supported with instrument set-up/operation.
- [ ] Participated in guest lectures.
- [ ] Provided student mentoring.
- [ ] Other (please specify)

26. Provide additional comments for the previous question if needed:

* 27. How has the grant allowed your organization to expose underrepresented communities to life sciences skills and careers? (Select all that apply.)

- [ ] Targeted outreach and recruitment efforts in specific communities.
- [ ] Customized training programs to address unique challenges of certain groups.
- [ ] Scholarships or financial assistance for students from underserved backgrounds.
- [ ] Other (please specify)

28. Provide additional comments for the previous question if needed:

* 29. What challenges or obstacles were encountered during the implementation of your program? (Select all that apply.)

- [ ] Insufficient funding to execute planned initiatives.
- [ ] Difficulty in finding qualified instructors or trainers.
- [ ] Long lead times for delivery of equipment/instruments.
- [ ] Student recruitment fell short of the expected level.
- [ ] Student retention through program.
- [ ] Other (please specify)

* 30. How were these challenges addressed?