

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
 SHEFF OFFICE
 Hartford**

LANGUAGE INSTRUCTION FOR IMMIGRANT STUDENTS AND YOUTH PROGRAM (LIISY)
 ANNUAL PROGRESS REPORT FOR FISCAL YEAR 2015-16

INSTRUCTIONS:

Submit an original plus one copy
 by November 17, 2016.

Mail To:

Eileen Williams
 Connecticut State Department of Education
 Sheff Office
 P.O. Box 2219
 Hartford, CT 06145-2219

FROM:
 (School District Name and CODE) AMOUNT OF GRANT

Project Name:

1. Program Manager:
 (Name, Title & Phone Number)

2. Date Completed:

3. Type(s) of Instruction: English as a Second Language Remedial Reading
 Remedial Mathematics Other (please describe)

4. Project Setting: In Class Pullout Other

Project Children and Instruction Data

	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
5. Number of Children and Youth in Program by Grade:														
6. Estimated Average of Hours of Immigrant Children and Youth Program Per Week/ Per Child and Youth:														

7. Staff Paid For With Immigrant Children and Youth Program Funds:

Number: (Full Time Equivalent)

Teachers	Educational Assistants	Tutors	Others (Specify)

8. List the Countries of Origin of Immigrant Children and Youth:

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9. Project Information (if additional space is needed, you may wish to attach information on separate pages):

- a) Explain the extent to which activities described in your application have been implemented.

- b) Provide summary information related to the overall quality of the program provided through these funds.

- c) Provide specific data related to academic growth, school attendance, engagement and other program goals.

- d) Provide additional evidence, including anecdotal evidence, related to the ability of the program to positively influence behavior and school engagement.

CERTIFICATION:	I hereby certify that the information herein is true and correct to the best of my knowledge.	
<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERINTENDENT'S NAME (Type or Print)	SUPERINTENDENT'S SIGNATURE	DATE SIGNED