



**NAACP Back to School/Stay in School
Quarterly Report Form**

***PLEASE RETURN FORM TO THE NAACP NATIONAL EDUCATION DEPARTMENT at 4805 Mt.
Hope Drive, Baltimore, MD 21215**

Date: _____

Branch Name: _____

Address: _____

Phone/E-mail: _____

BTS/SIS Location: _____

BTS/SIS Phone/E-mail: _____

BTS/SIS Committee Members

Branch President: _____

Education Chairperson: _____

Youth Council President: _____

BTS/SIS Local Coordinator: _____

BTS/SIS Program

Number of Certified Teachers: _____ Number of Tutors: _____

Total Number of Students: _____ Male: _____ Female: _____

List the grade level of students: (please specify the number for each grade)

____ Kindergarten ____ 1st ____ 2nd ____ 3rd ____ 4th ____ 5th
____ 6th ____ 7th ____ 8th ____ 9th ____ 10th ____ 11th ____ 12th

List names of various BTS/SIS programs offered (if applicable): _____

**NAACP Back to School/Stay in School
Quarterly Report Form (Continued)**

List student extra curricular activities: _____

List awards/honors students receive during BTS/SIS: _____

Number of students expelled from school during BTS/SIS: _____

Suspended: _____

Attendance Improvements (Percentage): _____

Student Accomplishments: _____

Cultural Field Trips: _____

Guest Speaker(s): _____

Indicate Community Partners: _____

Current Program Budget: _____

Current Funding Initiatives: _____

What type of support do you need to improve the program? _____

***(Answer at the end of the program only)**

_____ students out of _____ students completed the BTS/SIS

Program.