

Measurement Tool/Evidence

Improvement Plan (If Applicable)

Barriers (If applicable)

Title III Quarterly Progress	Report Form Gr	ant Period: October 1	, 20XX - Septem	ber 30, 20XX		
ACTIVITY TITLE AND GOAL: STRATEGIES TO ENHANCE NEW STUDENT ENGAGEMENT (SENSE) To increase student success, persistence, and graduation rates through a comprehensive framework for student success featuring Success Coaches, enhanced First-Year Experience, and support services for the highest-risk students as well as tutoring enhancements, increased career pathways focus, and early alert services to produce gains among all students.						
Quarter Covered by this Report:	☐ October – December	January – March	🗆 April – June	□ July - September		
Section 1: Objective Status Use the table below to report the state Additionally, source documentation for surveys, raw data, and analyzed result Table 1: Objective Status Objective:	or all qualitative or quantit		•	•		
Performance Indicator						
Anticipated Results						
Status of Objective						

Section 2: Program Implementation

Use the table below to convey programs or project implemented/engaged in during the reporting period. In the column for the objectives, please list the number that corresponds with your objectives in the previous section. Lastly, in the space below the table please provide a brief description of the program or project to include when the event took place, who was involved, the purpose, and the results.

Program or Project Implemented	Objective	Amount Spent

Description of Each Program/Project:

Section 3: Expenditures

Use the table below to show the expenditures of your activity during the reporting period. The total of these expenditures should total the amount of your Budget vs. Actual reports, and should include the information in Section 2: "Program Implementation". Additionally, please tie each expense to the related objective. In the column for the objectives, please list the number that corresponds with your objectives in the previous section. Note: Some expenses in this section are generic to your program and will not be tied to a specific project as above— i.e., salaries and fringe benefits.

Table 3

Expense Category	Amount	Objective
Personnel		
Fringe Benefits		
Travel		
Supplies		
Contractual		
Other		

Use Table 4 to give details regarding the specific expenditure categories listed. For the travel category, please include who traveled, where, and for what purpose. Please list all assets or software purchased, location of the asset, and the reason for the purchase. In the Consultants category, please list the name of the consultant, in what city they live, and the purpose for the expense. The description for the renovation category should state the purpose of the renovation.

Note: The total of these expenditures should total the amount listed in Table 3. Additionally, please tie each expense to the related objective. In the column for the objectives, please list the number that corresponds with your objectives in the previous section.

Table 4

Description/Purpose	Objective	Amount
Travel		
Software		
Facilitators		
Other		

Are you on target for spending grant funds? If yes, explain and indicate percentage of dollars spent to-date. If no, explain why funds are not being utilized for the project. \Box Yes \Box No

Section 4: Issues and Concerns

Please detail all issues and concerns that you may have. Please be specific as to the related objective of sub-objective. Attach additional sheets, if necessary.

Project Coordinator

Date

Project Director

Date

*Surveys, sign-sheets, and other evidence of activities are kept on file in the SENSE Department and available upon request.