

**2018/19 School Year Home-School Co-operation Grants
Type 3: Joint Home-School Co-operation Project Evaluation Form**

Name of School : _____ EDB Approval Letter Reference No. : _____

Please put a ✓ in the appropriate box .

(3) Name of the Activity: _____

Joint School / PTA Information

	Name of Joint School / PTA	Contact Person & Post	Contact Telephone
1.			
2.			
3.			

Objectives

- Nurturing students' positive values and life style
- Organizing activities to promote the "Happy Kids Charter" and parent education
- Assisting parents to support their children in learning
- Training parents to support the learning activities in schools
- Initiating information technology projects to enhance the involvement of parents in students' learning
- Organizing joint activities for parents, students and teachers
- Others (please specify) : _____

Related Information

- One-off activity: [_____ dd/mm/yy]
- A series of activities: [From: _____ to _____ dd/mm/yy]
[Number of Events / Publications: _____]
- Venue: inside school outside school (_____)
 outside Hong Kong (_____)
- Total no. of participants / copies issued for each event : _____
- Method of Evaluation:
 Questionnaire Interview
 Group Discussion Others (please specify): _____
- Result of Evaluation:
 Excellent Satisfactory Fair
 Others (please specify): _____

Experience sharing (if applicable):

- Our school is delighted to share our experience. For details, please contact Mr / Ms _____ at _____.
- The above activity is innovative has long-term goal is a good reference.

Overall report

Amount of subsidy approved (\$) : _____

The overall spending situation of the Grants (Choose **one** item only.)

- Our school / PTA spent the entire subsidy.
- Our school / PTA enclosed a crossed cheque payable to the "HKSAR Government" for returning the unspent amount of the above subsidy (HK\$ _____) ^(Note 1)
- Our school / PTA has unspent amount (HK\$ _____) of the above subsidy for claw back by EDB. ^(Note 2)

Note 1 : Applicable to Government School, Private School, DSS School, Caput School, Kindergarten and Kindergarten cum-Child Care Centre.

Note 2 : Applicable to Aided School and Special School

I / We confirm all the information provided above are factually correct. I/We have followed the guiding principles of accounting and auditing arrangement in utilizing the grants and handling related documents.

Name of School Head: _____ Signature of School Head: _____

Name of PTA Chairman : _____

Signature of PTA Chairman : _____

Date: _____

School Chop