

**2020/21 School Year Home-School Co-operation Grants
Type 2: School / PTA Home-School Co-operation Activities Evaluation Form**

Name of School : _____ EDB Reference No. : _____

Please put a ✓ in the appropriate box .

<p>(1) Name of the Activity: _____</p>	<p>(2) Name of the Activity: _____</p>
<p>Objectives</p> <p><input type="checkbox"/> Nurturing students' positive values and life style</p> <p><input type="checkbox"/> Organising activities to promote the "Happy Kids Charter" and parent education</p> <p><input type="checkbox"/> Assisting parents to support their children in learning</p> <p><input type="checkbox"/> Training parents to support the learning activities in schools</p> <p><input type="checkbox"/> Initiating information technology projects to enhance the involvement of parents in students' learning</p> <p><input type="checkbox"/> Organising joint activities for parents, students and teachers</p> <p><input type="checkbox"/> Organising vocational and professional education and training promotion activities</p> <p><input type="checkbox"/> Others (please specify) : _____</p>	<p>Objectives</p> <p><input type="checkbox"/> Nurturing students' positive values and life style</p> <p><input type="checkbox"/> Organising activities to promote the "Happy Kids Charter" and parent education</p> <p><input type="checkbox"/> Assisting parents to support their children in learning</p> <p><input type="checkbox"/> Training parents to support the learning activities in schools</p> <p><input type="checkbox"/> Initiating information technology projects to enhance the involvement of parents in students' learning</p> <p><input type="checkbox"/> Organising joint activities for parents, students and teachers</p> <p><input type="checkbox"/> Organising vocational and professional education and training promotion activities</p> <p><input type="checkbox"/> Others (please specify) : _____</p>
<p>Related Information</p> <p><input type="checkbox"/> One-off activity: [_____ dd/mm/yy]</p> <p><input type="checkbox"/> A series of activities: [From: _____ to _____ dd/mm/yy] [Number of Events / Publications: _____]</p> <p>Venue: <input type="checkbox"/> inside school <input type="checkbox"/> outside school (_____)</p> <p style="padding-left: 20px;"><input type="checkbox"/> outside Hong Kong (_____)</p> <p>Total no. of participants for each event: _____</p> <p>Teachers _____ Parents _____ Students _____ Others _____</p> <p>Publication (Total: _____ copies for _____ times)</p> <p>Method of Evaluation:</p> <p><input type="checkbox"/> Questionnaire <input type="checkbox"/> Interview</p> <p><input type="checkbox"/> Group Discussion <input type="checkbox"/> Others (please specify): _____</p> <p>Result of Evaluation:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Others (please specify): _____</p>	<p>Related Information</p> <p><input type="checkbox"/> One-off activity: [_____ dd/mm/yy]</p> <p><input type="checkbox"/> A series of activities: [From: _____ to _____ dd/mm/yy] [Number of Events / Publications: _____]</p> <p>Venue: <input type="checkbox"/> inside school <input type="checkbox"/> outside school (_____)</p> <p style="padding-left: 20px;"><input type="checkbox"/> outside Hong Kong (_____)</p> <p>Total no. of participants for each event: _____</p> <p>Teachers _____ Parents _____ Students _____ Others _____</p> <p>Publication (Total: _____ copies for _____ times)</p> <p>Method of Evaluation:</p> <p><input type="checkbox"/> Questionnaire <input type="checkbox"/> Interview</p> <p><input type="checkbox"/> Group Discussion <input type="checkbox"/> Others (please specify): _____</p> <p>Result of Evaluation:</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Others (please specify): _____</p>

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.

<p>Overall report</p> <p>Amount of subsidy approved (\$) : _____</p> <p>The overall spending situation of the Grants (Choose one item only.)</p> <p><input type="checkbox"/> Our school / PTA spent the entire subsidy.</p> <p><input type="checkbox"/> Our school / PTA enclosed a crossed cheque payable to the "HKSAR Government" for returning the unspent amount of the above subsidy (HK\$_____). <i>(Note 1)</i></p> <p><input type="checkbox"/> Our school / PTA has unspent amount (HK\$_____) of the above subsidy for claw back by EDB. <i>(Note 2)</i></p>	<p>Overall report</p> <p>Amount of subsidy approved (\$) : _____</p> <p>The overall spending situation of the Grants (Choose one item only.)</p> <p><input type="checkbox"/> Our school / PTA spent the entire subsidy.</p> <p><input type="checkbox"/> Our school / PTA enclosed a crossed cheque payable to the "HKSAR Government" for returning the unspent amount of the above subsidy (HK\$_____). <i>(Note 1)</i></p> <p><input type="checkbox"/> Our school / PTA has unspent amount (HK\$_____) of the above subsidy for claw back by EDB. <i>(Note 2)</i></p>
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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 is factually correct. I/We have followed the guiding principles of accounting and auditing arrangement in utilising the grants and handling related documents.

<p>Name of School Head: _____ Signature of School Head: _____</p> <p>Name of PTA Chairman: _____</p> <p>Signature of PTA Chairman: _____</p> <p>Date: _____</p>	<p>School Chop</p>
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**2020/21 School Year Home-School Co-operation Grants
Type 3: Joint Home-School Co-operation Project Evaluation Form**

Name of School : _____ EDB 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
- Organising 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
- Organising joint activities for parents, students and teachers
- Organising vocational and professional education and training promotion activities
- 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 for each event: _____
Teachers _____ Parents _____ Students _____ Others _____
- Publication (Total: _____ copies for _____ times)
- 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 is factually correct. I/We have followed the guiding principles of accounting and auditing arrangement in utilising 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