

2021/22 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

Name of Activity 1: _____	Name of Activity 2: _____
Status: <input type="checkbox"/> Cancelled <input type="checkbox"/> Completed	Status: <input type="checkbox"/> Cancelled <input type="checkbox"/> Completed
Objectives	Objectives
<i>(Please select no more than three activity objectives and fill in the () with 1, 2, and 3, with "1" representing the most appropriate description.)</i>	
<input type="checkbox"/> Nurturing students' positive values and life style <input type="checkbox"/> Organising activities to promote the "Happy Kids Charter" and parent education <input type="checkbox"/> Assisting parents to support their children in learning <input type="checkbox"/> Training parents to support the learning activities in schools <input type="checkbox"/> Organising activities related to information technology in education to enhance the involvement of parents in students' learning <input type="checkbox"/> Organising joint activities for parents, students and teachers <input type="checkbox"/> Organising vocational and professional education and training promotion activities <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> Nurturing students' positive values and life style <input type="checkbox"/> Organising activities to promote the "Happy Kids Charter" and parent education <input type="checkbox"/> Assisting parents to support their children in learning <input type="checkbox"/> Training parents to support the learning activities in schools <input type="checkbox"/> Organising activities related to information technology in education to enhance the involvement of parents in students' learning <input type="checkbox"/> Organising joint activities for parents, students and teachers <input type="checkbox"/> Organising vocational and professional education and training promotion activities <input type="checkbox"/> Others (please specify): _____
Mode	Mode
<input type="checkbox"/> Educational Activities (e.g. Seminar, Workshop, Training Course) <input type="checkbox"/> Social Activities (e.g. Parent-child Day, Carnival) <input type="checkbox"/> Outdoor Activities (e.g. Outing, Day Camp) <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> Educational Activities (e.g. Seminar, Workshop, Training Course) <input type="checkbox"/> Social Activities (e.g. Parent-child Day, Carnival) <input type="checkbox"/> Outdoor Activities (e.g. Outing, Day Camp) <input type="checkbox"/> Others (please specify): _____
Related Information	Related Information
Format: <input type="checkbox"/> One-off activity: [_____dd/mm/yy] <input type="checkbox"/> A series of activities: [From:_____to_____dd/mm/yy] [Number of Events:_____]	Format: <input type="checkbox"/> One-off activity: [_____dd/mm/yy] <input type="checkbox"/> A series of activities: [From:_____to_____dd/mm/yy] [Number of Events:_____]
Venue: <input type="checkbox"/> inside school <input type="checkbox"/> outside school (please specify): _____ <input type="checkbox"/> outside Hong Kong (please specify): _____	Venue: <input type="checkbox"/> inside school <input type="checkbox"/> outside school (please specify): _____ <input type="checkbox"/> outside Hong Kong (please specify): _____
No. of participants for each event: Teachers_____ Parents_____ Students_____ Others_____	No. of participants for each event: Teachers_____ Parents_____ Students_____ Others_____
Total: _____	Total: _____

<p>Method of Evaluation:</p> <input type="checkbox"/> Questionnaire <input type="checkbox"/> Interview <input type="checkbox"/> Group Discussion <input type="checkbox"/> Others (please specify): _____	<p>Method of Evaluation:</p> <input type="checkbox"/> Questionnaire <input type="checkbox"/> Interview <input type="checkbox"/> Group Discussion <input type="checkbox"/> Others (please specify): _____
<p>Result of Evaluation:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Others (please specify): _____	<p>Result of Evaluation:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> 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	Overall Report
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Amount of subsidy approved (\$): _____	Amount of subsidy approved (\$): _____
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<p>The overall spending situation of the Grants (Choose one item only):</p> <input type="checkbox"/> Our school / PTA spent the entire subsidy. <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> <input type="checkbox"/> Our school / PTA has unspent amount (HK\$_____) of the above subsidy for claw back by EDB. <i>(Note 2)</i>	<p>The overall spending situation of the Grants (Choose one item only):</p> <input type="checkbox"/> Our school / PTA spent the entire subsidy. <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> <input type="checkbox"/> Our school / PTA has unspent amount (HK\$_____) of the above subsidy for claw back by EDB. <i>(Note 2)</i>
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Note 1: Applicable to Government Schools, Private Schools, DSS Schools, Kindergartens and Kindergarten-cum-Child Care Centres.
Note 2: Applicable to Aided Schools, Special Schools and Caput Schools.

Remarks:

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>Signature of School Head : _____</p> <p>Name of School Head : _____</p> <p>Signature of PTA Chairperson : _____</p> <p>Name of PTA Chairperson : _____</p> <p>Date : _____</p>	<p>School Chop</p>
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2021/22 School Year Home-School Co-operation Grants
Type 3: Subsidy for Joint Home-School Co-operation Project Evaluation Form

Name of School: _____ EDB Reference No.: _____

Please put a ✓ in the appropriate box

Name of the Activity: _____

Status: Cancelled Completed

Joint School / PTA Information

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

Objectives

(Please select no more than three activity objectives and fill in the () with 1, 2, and 3, with "1" representing the most appropriate description.)

- () 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
- () Organising activities related to information technology in education 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): _____

Mode

- Educational Activities (e.g. Seminar, Workshop, Training Course)
- Social Activities (e.g. Parent-child Day, Carnival)
- Outdoor Activities (e.g. Outing, Day Camp)
- Others (please specify): _____

Related Information

Format:

- One-off activity: [_____ dd/mm/yy]
- A series of activities: [From: _____ to _____ dd/mm/yy] [Number of Events: _____]

Venue:

- inside school
- outside school (please specify): _____
- outside Hong Kong (please specify): _____

No. of participants for each event:

Teachers _____ Parents _____ Students _____ Others _____ Total: _____

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 Schools, Private Schools, DSS Schools, Kindergartens and Kindergarten-cum-Child Care Centres.

Note 2: Applicable to Aided Schools, Special Schools and Caput Schools.

Remarks:

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.

Signature of School Head : _____

Name of School Head : _____

Signature of PTA Chairperson : _____

Name of PTA Chairperson : _____

Date : _____

School Chop