

**2024/25 School Year Home-School Co-operation Grants**  
**Type 2: Home-School Co-operation Activities Evaluation Form**

Name of School: \_\_\_\_\_ EDB Reference No.: \_\_\_\_\_

Please put a ✓ in the appropriate box

<b>Name of Activity 1:</b> _____	<b>Name of Activity 2:</b> _____
Status: <input type="checkbox"/> Cancelled <input type="checkbox"/> Completed	Status: <input type="checkbox"/> Cancelled <input type="checkbox"/> Completed
<b>Objectives (Please select one option only):</b>	<b>Objectives (Please select one option only):</b>
<input type="checkbox"/> Promoting the establishment and development of PTAs (e.g. understanding the effective planning and evaluation of activities, and sharing of good practices and experience in planning and organising activities) <input type="checkbox"/> Promoting the co-operation and communication between parents and schools (e.g. understanding the roles of PTA in school affairs, and acquiring the skills for effective communication with school personnel) <input type="checkbox"/> Training parents to support the learning activities in schools (e.g. collaborating with schools in promoting values education, e-learning, life planning, national education, national security education, information literacy, vocational and professional education) <input type="checkbox"/> Enhancing parenting skills, assisting parents to support their children in joyful learning and healthy development (e.g. making reference to the Curriculum Framework on Parent Education published by EDB to design the parent education programmes or activities, making reference to the “4Rs Mental Health Charter” launched by EDB to promote student and parent mental health, and sharing with parents the ways to raise happy and positive children) <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> Promoting the establishment and development of PTAs (e.g. understanding the effective planning and evaluation of activities, and sharing of good practices and experience in planning and organising activities) <input type="checkbox"/> Promoting the co-operation and communication between parents and schools (e.g. understanding the roles of PTA in school affairs, and acquiring the skills for effective communication with school personnel) <input type="checkbox"/> Training parents to support the learning activities in schools (e.g. collaborating with schools in promoting values education, e-learning, life planning, national education, national security education, information literacy, vocational and professional education) <input type="checkbox"/> Enhancing parenting skills, assisting parents to support their children in joyful learning and healthy development (e.g. making reference to the Curriculum Framework on Parent Education published by EDB to design the parent education programmes or activities, making reference to the “4Rs Mental Health Charter” launched by EDB to promote student and parent mental health, and sharing with parents the ways to raise happy and positive children) <input type="checkbox"/> Others (please specify): _____
<b>Mode</b>	<b>Mode</b>
<input type="checkbox"/> Educational activities (e.g. seminar, workshop, training course, sharing session) <input type="checkbox"/> Social activities (e.g. outing, day camp) <input type="checkbox"/> Others (please specify): <u>(e.g. mutual support group for parents)</u> _____	<input type="checkbox"/> Educational activities (seminar, workshop, training course, sharing session) <input type="checkbox"/> Social activities (e.g. outing, day camp) <input type="checkbox"/> Others (please specify): <u>(e.g. mutual support group for parents)</u> _____
<b>Mode of Home-School Co-operation (Please select at least one option):</b>	<b>Mode of Home-School Co-operation (Please select at least one option):</b>
<input type="checkbox"/> Co-organise activity <input type="checkbox"/> Jointly participate in the activity <input type="checkbox"/> Jointly evaluate the effectiveness of the activity or share the outcome after the activity has been carried out <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> Co-organise activity <input type="checkbox"/> Jointly participate in the activity <input type="checkbox"/> Jointly evaluate the effectiveness of the activity or share the outcome after the activity has been carried out <input type="checkbox"/> Others (please specify): _____

Details of the Activity	Details of the Activity
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): _____  No. of participants for each event: Teachers_____ Parents_____ Students_____ Others_____ (Total: _____)  Method of Evaluation: <input type="checkbox"/> Questionnaire <input type="checkbox"/> Interview <input type="checkbox"/> Group Discussion <input type="checkbox"/> Others (please specify): _____  Result of Evaluation: <i>(Note 1)</i> <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Others (please specify): _____	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): _____  No. of participants for each event: Teachers_____ Parents_____ Students_____ Others_____ (Total: _____)  Method of Evaluation: <input type="checkbox"/> Questionnaire <input type="checkbox"/> Interview <input type="checkbox"/> Group Discussion <input type="checkbox"/> Others (please specify): _____  Result of Evaluation: <i>(Note 1)</i> <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Others (please specify): _____
<u>Experience sharing (if applicable):</u> <input type="checkbox"/> Our school is delighted to share our experience. For details, please contact Mr / Ms _____ at _____. The above activity <input type="checkbox"/> is innovative <input type="checkbox"/> has long-term goal <input type="checkbox"/> is a good reference.	
Overall Report	Overall Report
Amount of subsidy approved (\$): _____	Amount of subsidy approved (\$): _____
The overall spending situation of the Grants ( <b>Choose one item only</b> ): <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 2)</i> <input type="checkbox"/> Our school / PTA has unspent amount (HK\$_____ ) of the above subsidy for claw back by EDB. <i>(Note 3)</i>	The overall spending situation of the Grants ( <b>Choose one item only</b> ): <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 2)</i> <input type="checkbox"/> Our school / PTA has unspent amount (HK\$_____ ) of the above subsidy for claw back by EDB. <i>(Note 3)</i>
<i>Note 1: School / PTA should enclose the activity evaluation data and analysis document.</i> <i>Note 2: Applicable to Government Schools, Private Schools, Direct Subsidy Scheme Schools, Kindergartens and Kindergarten-cum-Child Care Centres.</i> <i>Note 3: Applicable to Aided Schools and Caput Schools.</i>	

**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 : \_\_\_\_\_

(For schools with PTAs only)

Signature of PTA Chairperson : \_\_\_\_\_

Name of PTA Chairperson : \_\_\_\_\_

Date : \_\_\_\_\_

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**2024/25 School Year Home-School Co-operation Grants  
Home-School Co-operation Activities Evaluation Form  
Activity Evaluation Data and Analysis Template**

(Please put a ✓ in the appropriate box )

Type 2 Activity 1                       Type 2 Activity 2

Name of the Activity: \_\_\_\_\_

Date: \_\_\_\_\_

Venue:  inside school     outside school (please specify): \_\_\_\_\_

Total No. of Participants: \_\_\_\_\_

Profile of Participants: Teachers \_\_\_\_\_ Parents \_\_\_\_\_ Students \_\_\_\_\_ Others \_\_\_\_\_

**Activity Evaluation**

**Basic Information:**

1. Method of Evaluation:  Questionnaire                       Interview  
                                      Group Discussion                       Others (please specify) : \_\_\_\_\_
2. No. of Participants Invited for the Evaluation: \_\_\_\_\_
3. No. of Evaluation Response Received (e.g. no. of questionnaire collected, no. of participants attended for the interview/ group discussion): \_\_\_\_\_

**Data Analysis (Please fill in the number of respondents and the corresponding percentage) :**

Comments on the Activity Arrangement:

Item	Degree of satisfaction				
	5 (The highest)	4	3	2	1 (The lowest)
1. Date and Time	(        %)	(        %)	(        %)	(        %)	(        %)
2. Venue	(        %)	(        %)	(        %)	(        %)	(        %)
3. The activity achieved the expected objectives.	(        %)	(        %)	(        %)	(        %)	(        %)
4. The activity could promote and deepen home-school co-operation / parent education.	(        %)	(        %)	(        %)	(        %)	(        %)
5. Participants found the activity useful.	(        %)	(        %)	(        %)	(        %)	(        %)
6. Participants are willing to attend similar activities in the future.	(        %)	(        %)	(        %)	(        %)	(        %)

Other comments on activity arrangements:

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Suggestions for activities to be held in the future:

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