

PARTNERSHIPS WITH EXTERNAL ORGANIZATIONS 2001-2002 SURVEY
(Submit one form for each partnership.)

Definition: Partnerships are defined as mutually agreed upon beneficial relationships and linkages between organizations and schools that are limited only by the creativity of both parties striving toward a common goal: Quality Education for all students. **1.** The partnership must be sponsored by a private sector organization such as business, industry, government agency, labor, education, health care, non-profit, professional, service, or faith-based. Individuals, parents, community supporters, and other interested citizens who are not sponsored by an organization are considered to be volunteers and **are not** to be counted as partnerships. **2.** The partnership employees or persons must give direct service to the school at no cost and/or contributions.

School: _____ DPS School Code: _____

Principal's signature: _____ Phone: _____

If this school has no partnership(s), shade the box; state the reason for no partnership(s) and **return this form as shown at the bottom of Page 2.** Reason for no Partnership(s): _____

1. Name of Partner (Organization): _____

2. Organization's Contact Person: _____

Telephone: (____) _____ FAX: (____) _____

3. Address of Partner: _____

Number

Street

City/State

Zip Code

Directions: Please shade boxes by shading in the entire box like the examples that follow.

This is the **CORRECT** way to shade the boxes. These are **INCORRECT** ways to shade the boxes.

4. **Length of service to school:** For how many consecutive years has this partnership existed?

1 2 3 4 5 6

If more than 6, indicate the number of years. _____ In what year did the partnership begin? _____

5. **Who did this partnership directly benefit?** Shade all that apply.

Parents Students Staff School Community

6. **Number of people:** How many individuals provided service to the school this year as part of this partnership?

1 2 3 4 5 6 7 8 9 10

If more than 10, indicate the number of individuals. _____

7. **Hours per week of participation:** This figure should represent the total number of hours spent by all individuals providing service as part of this partnership.

1 2 3 4 5 6

If more than 6, indicate the number of hours per week. _____

8. **Which of the following best describes your partner?** Shade only 1.

Education Health Care Faith-Based Business Government Professional Non Profit Service Industry Labor

9. **Goals and Objectives of the Partnership:** Shade no fewer than **1** and no more than **3** goals and objectives of this partnership.

- Provide volunteer service hours
- Establish relationships/collaboration, cooperative efforts with school, constellations, and district
- Support academic and behavior goals
- Support efforts of schools, clusters, and district
- Introduce, develop, infuse, promote existing as well as new and innovative initiatives, efforts, concepts, and ideas
- Introduce students to real life, real world (authentic) situations and provide alternatives for coping as well as prevention strategies
- Provide financial support
- Donate money, food, furniture, books, computers and other items
- Expose students to various activities such as field trips, tours, etc.
- Provide big brother/big sister type programs for students
- Introduce and expose students to varieties of careers and professions
- Provide incentives for students as a means of motivating and/or rewarding appropriate academic and social behavior
- None
- Other (State) _____

10. **Activities, resources, and/or services provided by the partner:** Shade no fewer than **1** and no more than **5** of the most important activities, resources, and/or services provided by the partner.

- Medical services (Health Center, dental services, immunizations, etc.)
- Resource speakers
- Instruction for students (tutoring, story telling, direct instruction, teaching, etc.)
- Instruction for staff/teachers (professional development, lectures, seminar, in-service, etc.)
- Food products for awards/meetings
- Field trips
- Tours
- Childcare
- Transportation
- Leadership training
- Financial support for students
- Hall monitoring
- Cash donations to school (gifts, scholarships, etc.)
- Computers (software, lab facilities, resource personnel, etc.)
- Donated items (State) _____
- Clean-up grounds and make school repairs
- Year-round incentives (personal items, toys, clothes, food, etc.)
- School-to-Work/Career (employability skills, job shadowing, job training, etc.)
- Counseling/Guidance (crisis intervention, translating, gang intervention, parenting skills, referrals, prevention, mental health, legal, etc.)
- Data analysis
- Personal hygiene tips and grooming products for students
- Before/After school activities (recreation, tutoring, academic, etc.)
- Serve on Advisory Council
- Other (State) _____

11. If monetary donations were received, list amounts: 2000-2001; since August 2001_____.

Open Ended Prompt: Use an additional page for comments relative to difficulties encountered, accolades, commendations, recommendations, rewards, accomplishments, and/or suggestions.

DO NOT FAX. Return the completed form on or before **11 January 2002** via Board Pick-up to Queen Brame Loundmon, Ph.D., Office of Research and Evaluation, Marie Farrell Donaldson Building. Call 494-2022 if additional information is needed. **Do not staple comments page to this survey.**