

# GEAR UP 2 Mid-Year Review



**Meeting Date:**  
**School/District:**  
**Site Coordinator:**  
**Meeting Attendees:**

Please prepare a report of your program plan and budget progress through December.

For each activity, include a summary of what you have accomplished, what you have not, your current status, and expected status for the end of the year review. Indicate your progress toward your intended outcome. Use this report to discuss your program, as well as anything else you feel would be beneficial for your Regional Coordinator to know. If you have not yet completed an activity, indicate that in the activity number/title description and move on to the next activity.

Please prepare and attach a budget update to include budget items expended and those that still remain. An updated version of your program plan budget breakout is preferred.

Review the GEAR UP your GEAR UP subaward agreement to ensure that you are on track to complete all requirements.

*Regional Coordinator Use Only*

- |  |  |
|--|--|
| <input type="checkbox"/> Mid-Year Review Report Complete | <input type="checkbox"/> Monthly Service Reports Current |
| <input type="checkbox"/> Updated Budget                  | <input type="checkbox"/> Compass Current                 |
| <input type="checkbox"/> Review of Subaward Requirements | <input type="checkbox"/> Other:                          |

*Notes/Follow-Up:*

Site Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reg. Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Activity Report**

### **Activity 1**

Activity Title:

Target Students (Grade Level):

Completion Date:

Intended Outcome:

Actual Outcome Met:

Desired Participant Outcome:

Actual Participant Outcome Met:

Method of Documentation:

Budget Expended:

Other Comments/Concerns:

*Regional Coordinator Comments/Concerns:*

### **Activity 2**

Activity Title:

Target Students (Grade Level):

Completion Date:

Intended Outcome:

Actual Outcome Met:

Desired Participant Outcome:

Actual Participant Outcome Met:

Method of Documentation:

Budget Expended:

Other Comments/Concerns:

*Regional Coordinator Comments/Concerns:*

**Activity 3 - Title (To be completed \_\_\_\_\_)**