

**Poetry Out Loud**

FY2017 Final Report Form

**Deadline: April 15, 2017**

School name: \_\_\_\_\_

Contact person for this report: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_

Contact's email address: \_\_\_\_\_

Number of children/youth engaged: \_\_\_\_\_ Number of adults/teachers engaged: \_\_\_\_\_

Number of artist(s) directly involved: \_\_\_\_\_

Did your school use any of its own financial resources to participate in POL? \$ \_\_\_\_\_

If so, please describe:

**Population Benefited**

For the next two sections, select all categories that, by the best estimate, make up 25% or more of the population that directly benefited from the program activities.

**By Race:**

- |                                                                                                                       |                                                     |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native (N)                                                            | <input type="checkbox"/> Asian (A)                  |
| <input type="checkbox"/> Native Hawaiian/other Pacific Islander (P)                                                   | <input type="checkbox"/> Black/African American (B) |
| <input type="checkbox"/> Hispanic/Latino (H)                                                                          | <input type="checkbox"/> White (W)                  |
| <input type="checkbox"/> No single racial/ethnic group made up more than 25% of the population directly benefited (G) |                                                     |

**By Distinct Groups:**

- |                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individuals with Disability (D)                                                                                                                                      |
| <input type="checkbox"/> Individuals in institutions (includes people living in hospitals, hospices, nursing homes, assisted care facilities, correctional facilities, homeless shelters) (I) |
| <input type="checkbox"/> Individuals below the poverty line (P)                                                                                                                               |
| <input type="checkbox"/> Individuals with limited English proficiency (E)                                                                                                                     |
| <input type="checkbox"/> Military veterans/active duty personnel (M)                                                                                                                          |
| <input type="checkbox"/> Youth at risk (Y)                                                                                                                                                    |
| <input type="checkbox"/> No single distinct group (G)                                                                                                                                         |

As you reach the conclusion of your Poetry Out Loud funding period for FY2017, please respond to the following statements on a maximum of two pages, placing the school's name in the top right-hand corner of each page.

1. Describe briefly how the program was implemented in your school.
  - Describe how the school benefited from the program.
  - Describe how you measured the impact of the program on all participants (e.g. teachers, students, and your community).
  - Describe the effectiveness of the teaching artist residency.
  - Describe how you will utilize the Poetry Out Loud program in your Visual and Performing Arts Program Review.

You may include any additional evidence of the impact of Poetry Out Loud such as brochures, pictures, newspaper articles, or programs from the school competition.

KAC Staff Use ONLY			
FY: <b>2017</b>	APP #: _____	Grant Program: <b>POL</b>	
App Status: _____	App Institution: <b>23</b>	App Discipline: <b>14</b>	
Primary Outcome: <b>C</b>	Project Disc: <b>10D</b>	Activity: <b>20</b>	
# of Adults _____	# of Artist _____	# of Children/Youth: _____	
Pop benefited by age: <b>01</b>	Race: _____	District Groups: _____	Arts Education: <b>01</b>

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge.*

**All signatures must be in red ink.**

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Mail completed Final Report to:**

Kentucky Arts Council  
 1025 Capital Center Drive  
 Third Floor  
 Frankfort, KY 40601

502-564-3757  
 Toll free: 888-833-2787