# Stronger Connections Grant Sample Activity Evaluation Form

Overview

On June 25, 2022, President Biden signed into law the Bipartisan Safer Communities Act (BSCA). This

legislation expands mental health services and provides additional support for states and local educational

agencies (LEAs) to design and enhance initiatives that will promote safer, more inclusive, and positive school

environments for all students, educators, and school staff.

The BSCA includes $1 billion through Title IV, Part A of the Elementary and Secondary Education Act (ESEA)

for state educational agencies (SEAs) to competitively award subgrants to high-need LEAs to establish safer

and healthier learning environments, and to prevent and respond to acts of bullying, violence, and hate that

impact school communities at individual and systemic levels, among other programs and activities. The U.S.

Department of Education (ED) has designated this component of the BSCA the Stronger Connections Grant

(SCG) program.

Grantees were required to describe in the SCG application how program activities will be evaluated for effectiveness to reach the program objectives and outcomes. To fulfill what was approved in the SCG application, grantees must develop a reasonable, effective plan to evaluate and monitor the SCG program for effectiveness. LEAs should document how they are evaluating the program, how often the program is being evaluated, and how the evaluation is being used to guide future decisions in the implementation process of the program.

SCG grantees may use the optional form below to help evaluate the SCG program and are encouraged to edit the form to meet their needs. This form may serve as documentation for program monitoring conducted through the discretionary grant monitoring process. For questions on the SCG contact [Brinn.Obermiller@tn.gov](mailto:Brinn.Obermiller@tn.gov).

**Stronger Connections Grant**

Activity Evaluation Form

**I. Activity Information**

Date: Click here to enter a date.

LEA Name: Click here to enter text.

School Name (as applicable): Click here to enter text.

Name/Description of Activity: Click here to enter text.

Targeted Student Group(s): Click here to enter text.

Partnerships Utilized (as applicable): Click here to enter text.  
Objective/Goal for the Activity: Click here to enter text.

How will the effectiveness of the activity be determined? Click here to enter text.

**II. End-of-Year Evaluation (once the activity/year has been completed)**

Describe what worked well, including the data that supports this conclusion: Click here to enter text.

List any modifications needed to the activity to better meet objectives/goals: Click here to enter text.

List next steps and the person(s) responsible: Click here to enter text.