

# Math Science Partnership Programmatic Monitoring Visit Summary

MSP Project: \_\_\_\_\_

Date of Monitoring Visit \_\_\_\_\_

Type of Program Observed \_\_\_\_\_

Lead Facilitator/presenter/instructor \_\_\_\_\_

	<b>Programmatic Monitoring Visit Objectives Summary</b>	<b>Unsatisfactory</b>	<b>Satisfactory</b>	<b>Fully Satisfied</b>
<b>1</b>	Assess if initiatives/program/professional development/courses as stated in the grant application and “Timeline of Activities and Expenditures” are being conducted as stated.			
<b>2</b>	Assess if participation in initiatives/programs/professional development/courses as stated in the grant application is at numbers indicated.			
<b>3</b>	Assess if content of the initiatives/programs/professional development/courses as stated in the grant application is related to current state standards.			
<b>4</b>	Assess if content of the initiatives/programs/professional development/courses as stated in the grant application is research based.			
<b>5</b>	Assess if lead facilitator/presenter/instructor of initiatives/programs/professional development/courses has necessary pedagogical content knowledge.			

<b>Evidence to Support Above Summary</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Offering is related to initiatives/programs/professional development/courses as stated in the grant application			
Observed offering is the complete initiatives/programs/professional development/course as stated in the grant application			
The number of participants present in the observed initiatives/programs/professional development/course matches the number stated in the grant application			
The number of participants present in the observed initiatives/programs/professional development/course differs from the number stated in the grant application and a satisfactory explanation is provided			
Content of the initiatives/programs/professional development/course observed is related to current state standards			
Content of the initiatives/programs/professional development/course observed is research based.			

Additional Comments:

Signature:

\_\_\_\_\_  
SCDE Monitoring Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Director

\_\_\_\_\_  
Date