**Final Evaluation Report for 2014 Project Graduation Summer Academy**

Please submit report electronically by e-mail in .pdf format to Kim.Powell@doe.virginia.gov at the Virginia Department of Education by **October 25, 2014**. The electronic document should be saved with the extension containing the name of the school division followed by PGSumEvalRpt2014. Example: WYZCountyPGSumEvalRpt2014.pdf

**To auto calculate after entering data, highlight table and press F9.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course | **# of Senior****Participants** | **# of Seniors or Term Graduate****Participants Who Passed EOC SOL Test** | **# of Junior Participants** | **# of Junior Participants Who Passed Test** | **# of Sophomore Participants** | **# of Sophomore Participants Who Passed Test** | **# of Freshman Participants** | **# of Freshmen Participants****Who Passed Test** |
| **Algebra I** |  |  |  |  |  |  |  |  |
| **Geometry** |  |  |  |  |  |  |  |  |
| **Algebra II** |  |  |  |  |  |  |  |  |
| **English: Reading** |  |  |  |  |  |  |  |  |
| **English: Writing** |  |  |  |  |  |  |  |  |
| **History** |  |  |  |  |  |  |  |  |
| **Science** |  |  |  |  |  |  |  |  |
| **Total**  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

Name of School Division/Region:

(For Regions Only): How many school divisions are included in this report?

Number of students who participated in the Academy:

Number of teachers who taught in the Academy:

Name of Person Completing this Report:  Phone Number:  E-mail Address:  Date: