**Kindergarten Education Scheme**

**One-off Parent Education Grant**

**Interim Report**

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| Please complete and submit this interim report by fax or by post to  Kindergarten Administration 2 Section **on or before 31 August 2024**  (Address: Room 1432, Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong;  Fax number: 3579 4010) |

(Please put a“√”in the appropriate boxes according to the amount of grant applied.)

1. In March 2022, our school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of kindergarten*) has received –

🞏 a total of **$90,000** ( including the grant of $80,000 to organise parent education programmes; and an additional grant of $10,000 to set up/ enhance the designated webpage "Resources for Parents").

🞏 a total of **$100,000** ( including the grant of $80,000 to organise parent education programmes; an additional grant of $10,000 to set up/ enhance the designated webpage "Resources for Parents"; and an additional grant of $10,000 as our school has established/ undertakes to form a Parent-Teacher Association by 31 August 2024).

1. Our school 🞏 has set up/ enhanced the designated webpage "Resources for Parents" through the school website's open platform to share parent education information.

* has not yet set up the designated webpage "Resources for Parents"/ enhanced the existing webpage "Resources for Parents" \*, and relevant work is expected to be completed by \_\_\_\_\_\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_\_\_\_\_\_\_\_(year).

(\*delete as appropriate)

1. Our school**:( this item is only applicable for KGs approved with a total of $100,000)**

🞏 has established the Parent-Teacher Association on\_\_\_\_\_\_\_\_\_\_\_\_(month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(year).

🞏 has not yet established the Parent-Teacher Association, and it is expected to be established by \_\_\_\_\_\_\_\_\_\_\_\_(month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(year).

1. Our school has deployed the One-off Parent Education Grant according to the requirements as stipulated in EDBCM No. 18/2022, and has organised \_\_\_\_\_\_\_(insert a no.) parent education programmes from **1 April 2022 to 31 August 2024.**

(Please fill in details of the parent education programmes organised in the next page.)

1. Details of the parent education programmes organised by our school from **1 April 2022 to 31 August 2024** are as follows.

**Programme (1)** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Programme Objectives**

**B. Programme Information**

|  |  |
| --- | --- |
| **Date**  **(dd/mm/yy)** |  |
| **Mode of Delivery** | 🞏 Talk/Seminar 🞏 Workshop 🞏 Online talk/seminar  🞏 Others (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Number of participants** | Teachers: \_\_\_\_\_\_\_\_\_\_ Parents: \_\_\_\_\_\_\_\_\_ Students: \_\_\_\_\_\_\_\_\_\_\_  (Total: \_\_\_\_\_\_\_\_\_\_\_ ) |
| **Actual expenditure@** | **$** |
| **Name of service provider** |  |
| **Means of evaluation** | 🞏 Opinion questionnaire of parents 🞏 Opinion survey of participating  teachers  🞏 Others (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ |

**C. Programme Evaluation**

|  |  |
| --- | --- |
| **Participants’ responses** | 🞏 Very satisfactory 🞏 Satisfactory 🞏 Fair 🞏 Unsatisfactory |
| **Whether objectives can be achieved** | 🞏 Fully achieved 🞏 Partly achieved  🞏 Slightly achieved 🞏 Not achieved |
| **Areas that show improvement / which are effective** |  |
| **Areas that need to be improved** |  |

@ If the services are procured from more than one organisation for the same programme, please specify the charge of each organisation.

(Please continue to fill in other programmes in the next page.)

**Programme ( )** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Programme Objectives**

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| **Number of participants** | Teachers: \_\_\_\_\_\_\_\_\_\_ Parents: \_\_\_\_\_\_\_\_\_ Students: \_\_\_\_\_\_\_\_\_\_\_  (Total: \_\_\_\_\_\_\_\_\_\_\_ ) |
| **Actual expenditure@** | **$** |
| **Name of service provider** |  |
| **Means of evaluation** | 🞏 Opinion questionnaire of parents 🞏 Opinion survey of participating  teachers  🞏 Others (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Participants’ responses** | 🞏 Very satisfactory 🞏 Satisfactory 🞏 Fair 🞏 Unsatisfactory |
| **Whether objectives can be achieved** | 🞏 Fully achieved 🞏 Partly achieved  🞏 Slightly achieved 🞏 Not achieved |
| **Areas that show improvement / which are effective** |  |
| **Areas that need to be improved** |  |

@ If the services are procured from more than one organisation for the same programme, please specify the charge of each organisation.

(Additional pages may be attached to the report if necessary.)

(To be continued)

1. I/Our school confirm that:
2. our school has kept a separate ledger account for the Parent Education Grant and the additional grant for setting up/ enhancing the designated webpage "Resources for Parents" respectively to properly record all income and expenditure of the grants and will report these items in the annual audited accounts for submission to the EDB. All books of accounts, records of procurement, receipts, payment vouchers and invoices will be kept for at least 7 years by the school for accounting and auditing purposes. If the actual balance of the annual audited accounts does not match with the above, the school will notify the EDB as soon as possible for follow up; and

(b) if our school fails to provide relevant documents for examination, use the grant(s) outside the ambit as stated in EDBCM No. 18/2022, or fails to comply with the respective requirements of receiving the grant(s), the amount of the grant(s) received will be returned to the Government in part/ full subject to the discretion of the EDB.

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| --- | --- | --- |
|  | Name of School(Chinese)\*： |  |
|  | Name of School(English)\*： |  |
| School No. & Location No.： | \_ |
| Signature of Supervisor： | (Format：xxxxxx-0001) |
| Name of Supervisor： |  |
| Date： |  |

\* Must be identical to the chop