

LEARNING COMMUNITIES FOR SCHOOL SUCCESS PROGRAM (LCSSP)

2024–25 ANNUAL PROGRESS REPORT

FOR COHORTS 7 & 8

INSTRUCTIONS

Every grantee should complete an annual report. Reports should include the following information:

- 1) **LCSSP Grantee Details** – Provide background information about the grant including the lead LCSSP applicant, reporting local educational agency (LEA), cohort number, and type of grant.
- 2) **Primary LCSSP Goals** – Complete the LCSSP Goals table.
- 3) **LCSSP Activities** – Complete the LCSSP Activities table, including identifying whether LCSSP activities incorporated training/professional development and/or implementation of programs and practices, and participant counts for each LCSSP activity.
- 4) **LCSSP Narrative** – Provide a one-half to two-page narrative for each prompt.
- 5) **Annual Expenditure Report** – Complete and submit the Annual Expenditure Report. The template can be found on the [California Educators Together](#) website.
- 6) **LCSSP Participating Schools** – Complete the LCSSP Participating Schools table to provide information about each school that is part of your LCSSP grant.

Please submit your completed annual report and expenditure report by Friday, October 31, 2025 at 11:59 PM to **LCSSP@cde.ca.gov** AND **LCSSP@wested.org**.

SECTION 1: LCSSP Grantee Details

- 1. Applicant/lead LEA name: _Yreka Union Elementary School District__
- 2. Applicant/lead LEA County-District-School (CDS) code (14 digits): _____
- 3. The annual report must be submitted by the LCSSP lead or an individual with LEA authority. Indicate who is submitting this report.

Name: _____ Title: _____

4. Date Submitted: _____

5. Cohort Number: 7 8

6. Type of Grant: As approved in your LCSSP application, does the LCSSP grant serve a single LEA or a consortium of LEAs? (Check one box below)

- A. Single LEA with all schools in the LEA participating
- B. Single LEA with a limited number of schools in the LEA participating
- C. Consortium of LEAs with all schools in each member LEA participating
- D. Consortium of LEAs with a limited number of schools participating in some or all LEAs

7. (For consortia only): What districts are part of your LCSSP grant?

District Name: _____	CDS Code (14 digits): _____
District Name: _____	CDS Code (14 digits): _____
District Name: _____	CDS Code (14 digits): _____
District Name: _____	CDS Code (14 digits): _____
District Name: _____	CDS Code (14 digits): _____

SECTION 2: LCSSP Goals

LCSSP grantees can work toward numerous goals under the LCSSP initiative. Please identify which of the following were your primary LCSSP goals during the 2024–25 school year.

LCSSP Goals	Check if this was a 2024–25 goal
1. Increase attendance rates	<input type="checkbox"/>
2. Reduce chronic absenteeism rates	<input type="checkbox"/>
3. Increase graduation rates	<input type="checkbox"/>
4. Decrease dropout rates	<input type="checkbox"/>
5. Reduce suspension, expulsion, and other school removal rates	<input type="checkbox"/>
6. Reduce referrals of students to law enforcement agencies	<input type="checkbox"/>
7. Reduce criminal offenses	<input type="checkbox"/>
8. Improve academic performance	<input type="checkbox"/>
9. Integrate school and community services	<input type="checkbox"/>
10. Improve school climate	<input type="checkbox"/>
11. Improve outcomes for vulnerable populations	<input type="checkbox"/>
12. Other (specify):	<input type="checkbox"/>
13. Other (specify):	<input type="checkbox"/>
14. Other (specify):	<input type="checkbox"/>

SECTION 3: LCSSP Activities

To make progress toward LCSSP goals, grantees may engage in diverse activities (e.g., developing partnerships, implementing programs, providing professional development). In the table below in column 1, please check each activity that was carried out during the 2024–25 school year as part of your LCSSP grant.

For the activities that were part of your LCSSP grant during the 2024–25 school year (checkbox selected in column 1), please indicate whether that activity included training/professional development (column 2) and/or implementation of programs or practices (column 3). Additionally, please provide the number of staff (e.g., administrators, teachers, other certified or classified staff), students, and parents and families who participated in each LCSSP-supported activity in columns 4, 5, and 6. Please note that participant counts are required. *If there were no participants of a particular group (e.g., staff, students, or parents/families) in an activity, please enter "0" in the corresponding column.*

LCSSP Activities	Check if this was a 2024–25 LCSSP activity (1)	Activity Type: Provided training/ professional development (2)	Activity Type: Implemented programs or practices (3)	Number of participants: staff (4)	Number of participants: students (5)	Number of participants: parents/ families (6)
1. Academic interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Attendance improvement plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Communities of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Community schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Coordination, referral, and linkage between services and systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Culturally responsive practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Drug and alcohol interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. Family/parent engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. Gang prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11. Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12. Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

LCSSP Activities	Check if this was a 2024–25 LCSSP activity (1)	Activity Type: Provided training/ professional development (2)	Activity Type: Implemented programs or practices (3)	Number of participants: staff (4)	Number of participants: students (5)	Number of participants: parents/ families (6)
13. Multi-Tiered Systems of Support (MTSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14. Needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15. Partnerships with community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16. Positive Behavior Interventions and Supports (PBIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17. Relevant staffing (increase/reallocate staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18. Restorative practices or restorative justice models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19. School climate interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20. Social emotional learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21. Trauma-informed strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22. Tutoring/Mentorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23. Other: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24. Other: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25. Other: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION 4: LCSSP Program Narrative

For each prompt below provide a one-half to two-page narrative.

- A. Provide an overview of the primary LCSSP activities and the alignment to the Local Control and Accountability Plan (LCAP) during the 2024–25 academic year. This should include an overview of implementation of activities that were not assessed in *Section 3: LCSSP Activities* portion of this report (e.g., during the 2024–25 school year there were 50 home visits of students who were chronically absent).

- B. Describe the impact of LCSSP observed thus far for administrators, teachers, other certificated or classified staff, families, students, and/or other relevant education partners.

- C. If you utilize school climate, parent/family engagement, or other local measures, please describe each measure. Additionally, please report data on each measure collected during the 2024–25 academic year. *Please note that CDE is collaborating with WestEd to understand progress on student-level standardized outcomes such as chronic absenteeism rates, suspension rates, and graduation rates. Thus, data on these indicators are not required as part of your APR.*

- D. Per the LCSSP legislation, “a local educational agency that receives LCSSP grant funding shall evaluate and report to the governing board of the school district, the county board of education, or its chartering authority, as applicable, and the department, the results of the activities it undertakes pursuant to this article.” Describe how the LCSSP program spending and student outcomes are shared and disseminated to the school community. Attach a confirmation of dissemination, i.e., Board Agenda Item, webpage link, etc.

- E. Please rate to what extent LCSSP-funded activities have positively impacted the school community at your grantee site(s), thus far.

- Not at all
- Small extent
- Moderate extent
- Large extent

F. Please rate to what extent LCSSP-funded activities have positively impacted the following members of your school community at your grantee site(s), thus far.

Activity	Not at all	Small extent	Moderate extent	Large extent
Administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other certificated or classified staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Please indicate if you would like your LEA highlighted as a “bright spot” in evaluation or technical assistance activities for educational partners and grantees to learn about implementing successful programmatic strategies and programs.

Yes

No

SECTION 5: Annual Expenditure Report

Complete and submit the Annual Expenditure Report. The template can be found on the [California Educators Together](#) website.

SECTION 6: LCSSP Participating Schools

This section will assist CDE in documenting the schools and districts that are supported by the LCSSP. Items A and B in this section are required for all LCSSP grantees. If you have questions or need assistance completing your participating schools list, please contact Stacy Miles at LCSSP@wested.org.

- A. How many schools are supported by your 2024-25 LCSSP grant? _____
- B. Please provide the district name, school name, and 14-digit County-District-School (CDS) code for each school that is part of your LCSSP grant in the table below. CDS codes can be found using the [California School Directory](#) where you can search for each school, or the [Public Schools and Districts data file](#), which includes an Excel file that can be sorted or filtered to identify schools.

Upon completion, please ensure that all schools participating in the 2024-25 LCSSP grant are included in the table. Please carefully review your participating schools list and remove or retain charter schools and pre-kindergarten schools, as applicable to your LCSSP grant. In addition, please ensure that the number of schools listed matches the number indicated in item A.

District name	School name	CDS code

