[Insert Name of Institution Here] [Insert THECB Contract Number Here]

Texas Higher Education Coordinating Board
Student Success Acceleration Program 2.0 Grant
Program Report Template

1. Program Name

2. Program Contacts

Director		**Co-Director**	
Name		Name	
Title		Title	
Email		Email	
Phone		Phone	

3. Program Goals and Key Activities

Use the three (3) goals submitted in the application to complete this section. If the program goals have been revised since implementation, use the updated version, and indicate so below. For each goal, provide an update on the key activities, successes, and challenges, and indicate whether the program is anticipated to meet the stated goal.

Goal 1	*[insert goal text here]*
Target Population:	
Program Area:	
Revised goal differs from submitted application?	Choose an item.
Overview of key activities and strategies conducted or in progress to meet goal.	
Success(es)/major accomplishments	
Challenges encountered and plan(s) to overcome them	
Do you anticipate this goal to be met by the end of the grant period?	Choose an item.

Reporting on Outcomes below is required for Report #1, if update is needed from numbers submitted in grant application. Otherwise, reporting on Outcomes is ONLY required for Report #2 and #4.

Baseline:	
Current Outcomes:	

Defined Outcome Goal:	

Goal 2	*[insert goal text here]*
Target Population:	
Program Area:	
Revised goal that differs from submitted application?	Choose an item.
Overview of key activities and strategies conducted or in progress to meet goal.	
Success(es)/major accomplishments	
Challenges encountered and plan(s) to overcome them	
Do you anticipate this goal to be met by the end of the grant period?	Choose an item.

Reporting on Outcomes below is required for Report #1, if update is needed from numbers submitted in grant application. Otherwise, reporting on Outcomes is ONLY required for Report #2 and #4.

Baseline:	
Current Outcomes:	
Defined Outcome Goal:	

Goal 3	*[insert goal text here]*
Target Population:	
Program Area:	
Revised goal that differs from submitted application?	Choose an item.
Overview of key activities and strategies conducted or in progress to meet goal.	
Success(es)/major accomplishments	
Challenges encountered and plan(s) to overcome them	

Do you anticipate this goal to be met by the end of the grant period?	Choose an item.

Reporting on Outcomes below is required for Report #1, if update is needed from numbers submitted in grant application. Otherwise, reporting on Outcomes is ONLY required for Report #2 and #4.

Baseline:	
Current Outcomes:	
Defined Outcome Goal:	

4. Program Impacts

4.1. Indicate whether the implemented program was new or an existing program (in operation prior to Fall 2024) scaled to serve more students.

Program Type	Choose an item.

4.2. In the table below, provide the number of students impacted by the implemented program for the time periods listed. For existing programs, use the AY data submitted in the grant application as a baseline for "AY 2023-24".

Report #1		
AY 2023-2024	Fall 2024	Spring 2025 *(Anticipated)*
Report #2		
AY 2023-2024	Fall 2025 *(Anticipated)*	Spring 2026 *(Anticipated)*
Report #3		
AY 2023-2024 *(Anticipated)*		Spring 2026 *(Anticipated)*
Report #4		
AY 2023-2024	AY 2023-2024	AY 2023-2024

4.3. Please share any additional impacts (e.g., faculty/staff/student trainings, technology improvements, improved outcomes) related to the implemented program.

5. Student Engagement & Awareness groups

5.1. Did you receive funding for one or more Student Engagement & Awareness groups?

Yes		No	

If yes, please fill out the goal and activity sections for each identified target population within Student Engagement & Awareness as submitted within your application.

Engagement Group 1 Goal:	*[insert goal text here]*
Target Population:	
Program Area:	
Revised goal that differs from submitted application?	Choose an item.
Overview of key activities and strategies conducted or in progress to meet goal.	
Success(es)/major accomplishments	
Challenges encountered and plan(s) to overcome them	
Do you anticipate this goal to be met by the end of the grant period?	Choose an item.

Reporting on Outcomes below is required for Report #1, if update is needed from numbers submitted in grant application. Otherwise, reporting on Outcomes is ONLY required for Report #2 and #4.

Baseline:	
Current Outcomes:	
Defined Outcome Goal:	

Engagement Group 2 Goal:	*[insert goal text here]*
Target Population:	
Program Area:	
Revised goal that differs from submitted application?	Choose an item.
Overview of key activities and strategies conducted or in progress to meet goal.	

Success(es)/major accomplishments	
Challenges encountered and plan(s) to overcome them	
Do you anticipate this goal to be met by the end of the grant period?	Choose an item.

Reporting on Outcomes below is required for Report #1, if update is needed from numbers submitted in grant application. Otherwise, reporting on Outcomes is ONLY required for Report #2 and #4.

Baseline:	
Current Outcomes:	
Defined Outcome Goal:	

6. Additional Information

6.1. Is your program currently a resource in the TX Student Success Program Inventory?

Yes		No	

If yes, please submit the link to the resource on TX SSPI:

If no, THECB Staff will follow up with next steps to submit your program to TX SSPI

6.2. What, if any, additional support(s) can the THECB Program Manager provide to assist with the implementation of this program to ensure its success.

6.3 Are there any changes to your program (goals, impact, outcomes, strategies, etc.) not captured in this report you would like to share with THECB staff?

Report Completed By:	
Title:	
Date:	