



Utah's Statewide GEAR UP Education Program



Cost-Share Validation Approval Input/Output Year Begin Report Form Teacher Time & Effort Estimate

Teacher Name: _____

School / Location: _____

Reporting Period: _____

How will you validate and provide updates of time/effort contributions?

- a. I request GEAR UP Administrative Personnel to regularly update according to the activity pattern below. *Initial Approval:* _____
- b. I will regularly update my contributions myself on the online cost share database. *Initial Approval:* _____

The hours summarized below represent an estimate of the type and amount of time and effort that will be contributed during the year listed above.

Teacher Signature

Date

Administrative Signature

Date

<u>Activity</u>	<u>Hours</u>
<input type="checkbox"/> Prepare for classes that emphasize academic rigor, academic preparedness, critical thinking skills, career exploration, or importance of study habits	_____
<input type="checkbox"/> Prepare for classes to help students get ready for postsecondary education	_____
<input type="checkbox"/> Prepare for and/or participate in any GEAR UP sponsored event, program, or activity	_____
<input type="checkbox"/> Prepare for giving tutors direction on specific students and desired outcomes	_____
<input type="checkbox"/> Participated in other activities directly related to GEAR Up students and/or parents helping to advise, plan, or provide interventions in support of the GEAR UP objectives	_____
<input type="checkbox"/> Tutoring / homework assistance / academic enrichment	_____
<input type="checkbox"/> Computer assisted lab / online help / UtahFutures Profile / FAFSA support, etc.	_____
<input type="checkbox"/> Mentoring / Core Subjects / ACT / SAT prep and testing support	_____
<input type="checkbox"/> Academic counseling / advising / planning or career counseling	_____
<input type="checkbox"/> College visits / college student shadowing / college chats	_____
<input type="checkbox"/> Job site visits / job shadowing / career expert visits	_____
<input type="checkbox"/> Summer/weekend or other after school enrichment programs	_____
<input type="checkbox"/> Educational field trips or other instructional presentations	_____
<input type="checkbox"/> GEAR UP workshops/seminars or training activities	_____
<input type="checkbox"/> General student/family/parent orientation or engagement events or programs	_____
<input type="checkbox"/> Cultural events or other unspecified GEAR UP event	_____
<input type="checkbox"/> Participated in First-Year college support services of any type	_____
<input type="checkbox"/> Other miscellaneous activities (not specified above)	_____

Total: _____