# Literacy Coaches and Reading Specialists FundsExpenditure Report Template

The information included in this document serves as an example of the type of data that the California Department of Education (CDE) will collect. The final reporting system is under development and the type of question(s) and information requested may vary from this example. The CDE must receive online submissions for annual reports no later than September 30 of each fiscal year. The CDE must receive final reports no later than June 1, 2027.

A link to the Literacy Coaches and Reading Specialists (LCRS) Expenditure Report will be available on the LCRS web page at <https://www.cde.ca.gov/ci/pl/lcrsprogram.asp>.

## Information

| Field | Instructions |
| --- | --- |
| **Program Administrator Information*** First Name
* Last Name
* Title
* Office
* Telephone
* Telephone Extension
* Email Address
 | Please list the name of the person who will serve as the Program Administrator of the LCRS. This person will be the main point of contact between the CDE and the LCRS Program Administrator. Please provide the title of the Program Administrator. [Enter program administrator name]Please provide the name of the Program Administrator’s office. [Enter office name]Please provide the Program Administrator’s telephone number. This number will be used to contact the Program Administrator, if needed. [Enter telephone number]Please provide the Program Administrator’s telephone extension number, if necessary. [Enter telephone extension]Please provide the Program Administrator’s email address. Most communication about the LCRS will be through email, so please ensure the email address is correctly inputted. [Enter email address] |
| **Type of Entity**  | Please select one of the following options:* Local Educational Agency
* County Office of Education
* Charter School
 |
| **County District School Code** | Please provide the county district school (CDS) code of the entity receiving funds. [Enter CDS code] |
| **Name of Entity Using Funds** | Please provide the name of the entity using LCRS. [Enter name of entity] |
| **Applicant Address*** **Street Address**(Ex: 1430 N Street)
* **City**
* **State**(Ex: CA)
* **Zip Code**(5-digit: 00000)
 | Please provide the street address of the entity.[Enter street address]Please provide the city where the entity is located. [Enter city]Please provide the state where the entity is located. [Enter state]Please provide the zip code where the entity is located. [Enter zip code] |
| **Fiscal Agent Information** (optional)* First Name
* Last Name
* Title
* Telephone Number
* Telephone Extension
* Email Address
 | Please list the name of the person who will serve as the Fiscal Agent of the LCRS if this person is different from the Program Administrator. This person will be included on communications regarding budget and accounting for the LCRS. [Enter fiscal agent name]Please provide the title of the Fiscal Agent. [Enter fiscal agent title]Please provide the Fiscal Agent’s telephone number. [Enter telephone number]Please provide the Fiscal Agent’s telephone extension number, if needed. [Enter telephone extension]Please provide the Fiscal Agent’s email address. [Enter email address] |

## LCRS Funds Report Overview

| Report Field | Instructions | Total Expenditures |
| --- | --- | --- |
| **Fiscal Year Being Reported** | Identify the fiscal year that this report is detailing. [Enter fiscal year]Remember, an annual report is due no later than September 30 for each fiscal year. The final report is due no later than June 1, 2027. | Not Applicable (N/A) |
| **Total Amount of Funds Used This Fiscal Year** | Provide the dollar amount of LCRS used for this fiscal year. [Enter dollar amount](Local Educational Agencies [LEAs] are not required to spend funds in every fiscal year. If zero dollars were used in any fiscal year, report this as zero).If zero funds were spent in any fiscal year provide narrative details as to why, and when funds will be spent.Narrative Details: [Enter Narrative details] | [Enter expenditure amount] |
| **Collaboration** | Indicate whether you have worked with the LCRS county office lead and, if so, summarize the supports the county has provided. [Enter Narrative details] | N/A |
| **Continued Efforts (note: this will only be on the final report)** | Provide details on how the LEA plans to continue to fund the activities, positions, etc. of the LCRS program after the final encumbrance date of June 30, 2027. [Enter Narrative details] | N/A |
| **Executive Summary** | Provide an executive summary of this fiscal year’s activities, including the number of literacy coaches and/or reading specialists hired, an explanation of the development and/or implementation of school literacy programs, and how expenditures impacted student’s literacy achievement. Narrative details: [Enter narrative details] | N/A |

## Literacy Coaches and Reading Specialists Information

| Report Field | Instructions | Total Expenditures |
| --- | --- | --- |
| **Literacy Coaches**  | Identify the number of coaches hired [Enter number of coaches]Narrative Details: [Enter narrative details] | [Enter expenditure amount] |
| Literacy Coaches | Other Were services provided by a vendor? [Select Yes or No]Name of vendor(s): [Enter name of vendor(s)]Narrative Details (please include information about any vendors/providers that were utilized): [Enter Narrative details] | [Enter expenditure amount] |
| Literacy Coaches | **Total for coaches** | **[Enter total amount]** |
| **Reading Specialists** | Identify the number of specialists hired [Enter number of specialists]Narrative Details: [Enter narrative details] | [Enter expenditure amount] |
| Reading Specialists | Other Were services provided by a vendor? [Select Yes or No]Name of vendor(s): [Enter name of vendor(s)]Narrative Details (please include information about any vendors/providers that were utilized): [Enter Narrative details] | [Enter expenditure amount] |
| Reading Specialists | **Total for specialists** | **[Enter total amount]** |
| **Bilingual Reading Specialists** | Identify the number of specialists hired [Enter number of specialists]Narrative Details: [Enter narrative details] | [Enter expenditure amount] |
| Bilingual Reading Specialists | Other Were services provided by a vendor? [Select Yes or No]Name of vendor(s): [Enter name of vendor(s)]Narrative Details (please include information about any vendors/providers that were utilized): [Enter Narrative details] | [Enter expenditure amount] |
| Bilingual Reading Specialists | **Total for bilingual reading specialists** | **[Enter total amount]** |
| **Other Funds** | If applicable, indicate any other funds used, including the source and the amount, to support the activities in this section. Narrative Details: [Enter narrative details] | N/A |
| **Successes** | Provide details on any notable successes in training, hiring, and supporting literacy coaches, reading specialists, and bilingual reading specialists, including any notable impacts on student achievement. [Enter Narrative details] | N/A |
| **Barriers** | Provide details on any barriers or challenges faced in training, hiring, and supporting literacy coaches, reading specialists, and bilingual reading specialists. [Enter Narrative details] | N/A |

## School Literacy Plan and Professional Learning

| Report Field | Instructions | Total Expenditures |
| --- | --- | --- |
| **School Literacy Plan** | Indicate whether the LEA has developed a school literacy plan with LCRS funds[Enter yes or no] | N/A |
| School Literacy Plan | If applicable, indicate the goals/actions of the school literacy plan [Enter Narrative details] | N/A |
| School Literacy Plan | If applicable, identify the metrics that will be used to measure progress on the goals/actions of the school literacy plan [Enter Narrative details] | N/A |
| School Literacy Plan | **Total for school literacy plan** | **[Enter total amount]** |
| **Total Number of Professional Learning Participants**  | Report the number of participants served during this fiscal year with LCRS. [Enter number of participants]Total Number of Services Offered: [Enter total services] | N/A |
| **Total Number of Teachers Served**  | Identify how many teachers received training. [Enter number of teachers] | N/A |
| **Total Number of Administrators Served** | Identify how many administrators received training. [Enter number of administrators] | N/A |
| **Total Number of Paraprofessionals**  | Identify how many paraprofessionals received training. [Enter number of paraprofessionals] | N/A |
| **Total Number of Other Classified Staff Served** | Identify how many other classified staff received training. [Enter number of classified staff] | N/A |
| **Professional Learning in the English Language Arts/English Language Development Framework** | Identify the number and focus of each professional learning event in this category.Narrative Details: [Enter narrative details] | N/A |
| Professional Learning in the English Language Arts/English Language Development Framework | Teachers (total number served) [Enter number of teachers] | N/A |
| Professional Learning in the English Language Arts/English Language Development Framework | Administrators (total number served) [Enter number of administrators] | N/A |
| Professional Learning in the English Language Arts/English Language Development Framework | Paraprofessionals (total number served) [Enter number of paraprofessionals] | N/A |
| Professional Learning in the English Language Arts/English Language Development Framework | Other Classified Staff (total number served) [Enter number of classified staff] | N/A |
| Professional Learning in the English Language Arts/English Language Development Framework | Please provide the expenditure amount and details of those expenses for each category of allowable uses listed below:Object Code 1000 [Enter expenditure amount][Enter narrative details]Object Code 2000 [Enter expenditure amount][Enter narrative details]Object Code 3000 [Enter expenditure amount][Enter narrative details]Object Code 4000 [Enter expenditure amount][Enter narrative details]Object Code 5000 [Enter expenditure amount][Enter narrative details]Object Code 5100 [Enter expenditure amount][Enter narrative details]Object Code 5200 [Enter expenditure amount][Enter narrative details]Object Code 7000 [Enter expenditure amount][Enter narrative details] | [Enter expenditure amount] |
| **Professional Learning in Literacy Instruction** | Identify the number and focus of each professional learning event in this category.Narrative Details: [Enter narrative details] | N/A |
| Professional Learning in Literacy Instruction | Teachers (total number served) [Enter number of teachers] | N/A |
| Professional Learning in Literacy Instruction | Administrators (total number served) [Enter number of administrators] | N/A |
| Professional Learning in Literacy Instruction | Paraprofessionals (total number served) [Enter number of paraprofessionals] | N/A |
| Professional Learning in Literacy Instruction | Other Classified Staff (total number served) [Enter number of classified staff] | N/A |
| Professional Learning in Literacy Instruction | Please provide the expenditure amount and details of those expenses for each category of allowable uses listed below:Object Code 1000 [Enter expenditure amount][Enter narrative details]Object Code 2000 [Enter expenditure amount][Enter narrative details]Object Code 3000 [Enter expenditure amount][Enter narrative details]Object Code 4000 [Enter expenditure amount][Enter narrative details]Object Code 5000 [Enter expenditure amount][Enter narrative details]Object Code 5100 [Enter expenditure amount][Enter narrative details]Object Code 5200 [Enter expenditure amount][Enter narrative details]Object Code 7000 [Enter expenditure amount][Enter narrative details] | [Enter expenditure amount] |
| **Professional Learning in Culturally Responsive Curriculum and Instruction** | Identify the number and focus of each professional learning event in this category.Narrative Details: [Enter narrative details] | N/A |
| Professional Learning in Culturally Responsive Curriculum and Instruction | Teachers (total number served) [Enter number of teachers] | N/A |
| Professional Learning in Culturally Responsive Curriculum and Instruction | Administrators (total number served) [Enter number of administrators] | N/A |
| Professional Learning in Culturally Responsive Curriculum and Instruction | Paraprofessionals (total number served) [Enter number of paraprofessionals] | N/A |
| Professional Learning in Culturally Responsive Curriculum and Instruction | Other Classified Staff (total number served) [Enter number of classified staff] | N/A |
| Professional Learning in Culturally Responsive Curriculum and Instruction | Please provide the expenditure amount and details of those expenses for each category of allowable uses listed below:Object Code 1000 [Enter expenditure amount][Enter narrative details]Object Code 2000 [Enter expenditure amount][Enter narrative details]Object Code 3000 [Enter expenditure amount][Enter narrative details]Object Code 4000 [Enter expenditure amount][Enter narrative details]Object Code 5000 [Enter expenditure amount][Enter narrative details]Object Code 5100 [Enter expenditure amount][Enter narrative details]Object Code 5200 [Enter expenditure amount][Enter narrative details]Object Code 7000 [Enter expenditure amount][Enter narrative details] | [Enter expenditure amount] |
| **Professional Learning in the Use of Data to Support Effective Instruction** | Identify the number and focus of each professional learning event in this category.Narrative Details: [Enter narrative details] | N/A |
| Professional Learning in the Use of Data to Support Effective Instruction | Teachers (total number served) [Enter number of teachers] | N/A |
| Professional Learning in the Use of Data to Support Effective Instruction | Administrators (total number served) [Enter number of administrators] | N/A |
| Professional Learning in the Use of Data to Support Effective Instruction | Paraprofessionals (total number served) [Enter number of paraprofessionals] | N/A |
| Professional Learning in the Use of Data to Support Effective Instruction | Other Classified Staff (total number served) [Enter number of classified staff] | N/A |
| Professional Learning in the Use of Data to Support Effective Instruction | Please provide the expenditure amount and details of those expenses for each category of allowable uses listed below:Object Code 1000 [Enter expenditure amount][Enter narrative details]Object Code 2000 [Enter expenditure amount][Enter narrative details]Object Code 3000 [Enter expenditure amount][Enter narrative details]Object Code 4000 [Enter expenditure amount][Enter narrative details]Object Code 5000 [Enter expenditure amount][Enter narrative details]Object Code 5100 [Enter expenditure amount][Enter narrative details]Object Code 5200 [Enter expenditure amount][Enter narrative details]Object Code 7000 [Enter expenditure amount][Enter narrative details] | [Enter expenditure amount] |
| **Professional Learning in Use of Data to Support Struggling Students** | Identify the number and focus of each professional learning event in this category.Narrative Details: [Enter narrative details] | N/A |
| Professional Learning in Use of Data to Support Struggling Students | Teachers (total number served) [Enter number of teachers] | N/A |
| Professional Learning in Use of Data to Support Struggling Students | Administrators (total number served) [Enter number of administrators] | N/A |
| Professional Learning in Use of Data to Support Struggling Students | Paraprofessionals (total number served) [Enter number of paraprofessionals] | N/A |
| Professional Learning in Use of Data to Support Struggling Students | Other Classified Staff (total number served) [Enter number of classified staff] | N/A |
| Professional Learning in Use of Data to Support Struggling Students | Please provide the expenditure amount and details of those expenses for each category of allowable uses listed below:Object Code 1000 [Enter expenditure amount][Enter narrative details]Object Code 2000 [Enter expenditure amount][Enter narrative details]Object Code 3000 [Enter expenditure amount][Enter narrative details]Object Code 4000 [Enter expenditure amount][Enter narrative details]Object Code 5000 [Enter expenditure amount][Enter narrative details]Object Code 5100 [Enter expenditure amount][Enter narrative details]Object Code 5200 [Enter expenditure amount][Enter narrative details]Object Code 7000 [Enter expenditure amount][Enter narrative details] | [Enter expenditure amount] |
| **Other Funds** | If applicable, indicate any other funds used, including the source and the amount, to support the activities in this section. Narrative Details: [Enter narrative details] | N/A |
| **Successes** | Provide details on any notable successes in developing and implementing a school literacy plan and/or professional learning events, including any notable impacts on student achievement. [Enter Narrative details] | N/A |
| **Barriers** | Provide details on any barriers or challenges in developing and implementing a school literacy plan and/or professional learning events. [Enter Narrative details] | N/A |

## Family Literacy Supports

| Report Field | Instructions | Total Expenditures |
| --- | --- | --- |
| **Family Literacy Plans** | Indicate whether the LEA has developed a school literacy plan with LCRS funds[Enter yes or no]  | N/A |
| Family Literacy Plans | If yes, indicate the goals/actions of the family literacy plan [Enter Narrative details] | N/A |
| Family Literacy Plans | Identify the metrics that will be used to measure progress on the goals/actions of the family literacy plan [Enter Narrative details] | N/A |
| Family Literacy Plan | **Total for family literacy plan** | **[Enter expenditure amount]** |
| **Family Literacy Supports** | Indicate the number of family literacy outreach specialists serving the families of the eligible sites[Enter number of family literacy outreach specialists] | N/A |
| Family Literacy Supports | Indicate the languages spoken by the family literacy outreach specialists[Enter the languages spoken] | N/A |
| Family Literacy Supports | Indicate the number of home visits family literacy outreach specialists performed[Enter the number of home visits] | N/A |
| Family Literacy Supports | Indicate the number of extended day events related to literacy[Enter the number of extended day events] | N/A |
| Family Literacy Supports | Indicate the total number of families served at the extended day events related to literacy[Enter the total number of families served] | N/A |
| Family Literacy Supports | Indicate the number of summer events related to literacy[Enter the number of summer events] | N/A |
| Family Literacy Supports | Indicate the total number of families served at the summer events related to literacy[Enter the number of families served] | N/A |
| Family Literacy Supports | Indicate the number of weekend events related to literacy[Enter the number of weekend events] | N/A |
| Family Literacy Supports | Indicate the total number of families served at the weekend events related to literacy[Enter the number of families served] | N/A |
| Family Literacy Supports | Provide the name(s) of public libraries the LEA has partnered with to provide supports for family literacy[Enter the names of public libraries] | N/A |
| Family Literacy Supports | Provide any additional information on family events related to literacy that the above questions did not address.[Enter Narrative details] | N/A |
| Family Literacy Supports | Please provide the expenditure amount and details of those expenses for each category of allowable uses listed below:Object Code 1000 [Enter expenditure amount][Enter narrative details]Object Code 2000 [Enter expenditure amount][Enter narrative details]Object Code 3000 [Enter expenditure amount][Enter narrative details]Object Code 4000 [Enter expenditure amount][Enter narrative details]Object Code 5000 [Enter expenditure amount][Enter narrative details]Object Code 5100 [Enter expenditure amount][Enter narrative details]Object Code 5200 [Enter expenditure amount][Enter narrative details]Object Code 7000 [Enter expenditure amount][Enter narrative details] | [Enter expenditure amount] |
| **Other Funds** | If applicable, indicate any other funds used, including the source and the amount, to support the activities in this section. Narrative Details: [Enter narrative details] | N/A |
| **Successes** | Provide details on any notable successes in family literacy supports, including any notable impacts on student achievement. [Enter Narrative details] | N/A |
| **Barriers** | Provide details on any barriers or challenges in family literacy supports. [Enter Narrative details] | N/A |

## Student Achievement

| Report Field | Instructions | Total Expenditures |
| --- | --- | --- |
| **Impact on Student Achievement: State Assessment** | For the fiscal year of this report, indicate the overall percentage of increase or decrease in students’ literacy achievement for grade three at each site served using state assessment data[Enter Narrative details] | N/A |
| Impact on Student Achievement: State Assessment | For the fiscal year of this report, indicate the percentage of increase or decrease for students’ literacy achievement for grade three at each site served for the following student subgroups using state assessment data:[African American][American Indian][Asian][English Learners][Filipino][Foster Youth][Hispanic][Homeless][Pacific Islander][Socioeconomically Disadvantaged][Students with Disabilities][Two or more races][White] | N/A |
| **Impact on Student Achievement: Local Assessments** | For the fiscal year of this report, indicate the local assessments that the eligible sites are using:[Enter Narrative details] | N/A |
| Impact on Student Achievement: Local Assessments | For the fiscal year of this report, indicate the overall percentage of increase or decrease in students’ literacy achievement for grade three at each site served using local assessment data[Enter Narrative details] | N/A |
| Impact on Student Achievement: Local Assessments | For the fiscal year of this report, indicate the percentage of increase or decrease for students’ literacy achievement for grade three at each site served for the following student subgroups using local assessment data:[African American][American Indian][Asian][English Learners][Filipino][Foster Youth][Hispanic][Homeless][Pacific Islander][Socioeconomically Disadvantaged][Students with Disabilities][Two or more races][White] | N/A |

## Electronic Signature

| Application Field | Instructions |
| --- | --- |
| **Signature and date by Authorizing Official** | The authorizing official should type their name in the field which will serve as a signature that certifies agreement with the statement below. I hereby certify that, to the best of my knowledge, the information in this report is correct and complete.  |