



INTERNATIONAL EDUCATION MOBILITY PROGRAMS FINAL REPORT

The B.C. Ministry of Education and Child Care requires a final report as part of the disbursement of International Education Mobility Programs.

The report must be submitted by the Lead Applicant. Submissions must be done in a manner consistent with Freedom of Information and Protection of Privacy Act (FOIPPA) Guidelines.

Please complete all relevant sections of the report form, compile your activity report(s) into a single PDF file, and submit with the subject line: **"IEMP Final Report"** to the British Columbia Council for International Education (BCCIE) at bccie@bccie.bc.ca by **September 2, 2024**.

LEAD APPLICANT INFORMATION

Full Name (Given Name, Family Name):

Email (business email only):

Telephone Number (business contact # only):

School District #

School District Name:

FUNDING ALLOCATION

Please complete fields for all applicable activities.

Activities	Original Allocation	Amount Used
Student Group Exchange		
Teacher Exchange		
Capacity Development		
Total Funding		

FINAL SUMMARY OF DISTRICT IE PROGRAM AIMS / GOALS / INTENTIONS

Describe how the IEMP funds helped to meet your school district's IE program aims, goals, and intentions.

250 words max.

Fill out an activity report (available below) for each activity for which you received funding. You do not need to fill out a report for activities in which you did not use any funding.

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STUDENT GROUP EXCHANGE POST-ACTIVITY REPORT

The purpose of this post-travel report is to gather information on how award funding was utilized to advance opportunities to build relationships with foreign partner institutions and further intercultural learning for B.C. students and teachers.

Name of Report Drafter (Surname, Given Name):

Name of School:

Name of School District (if applicable):

Destination Country:

Destination City and Province (if applicable):

Number of Students:

Number of Chaperones:

Funding Amount:

Date of Travel – Start Date (mm/dd/yyyy):

Date of Travel – End Date (mm/dd/yyyy):

PART 1 – GENERAL SUMMARY AND ITINERARY

Provide an itinerary and an overview of your activities abroad including the following details:

- how these activities aligned with this year's program aims (refer to IEMP Application Appendix A);
- how this exchange benefitted your students/school/district;
- if funding allowed students to travel who otherwise would not have been able to participate;
- if any underserved students or groups benefitted;
- if funding benefitted Indigenous students and/or staff; or,
- if funding contributed to Indigenous cultural exchanges with other jurisdictions. **500 words max.**

PART 2 – LEARNING AIMS AND OUTCOMES

If your aims and outcomes have not changed from the original application, please move on to Part 3.

If your aims and outcomes changed from the original application, please describe specific learning aims and outcomes for the following activities: Pre-departure preparation, itinerary, in-travel activities and description, and post-travel reflection. **250 words max.**

PART 3 – BUDGETARY EXPENDITURE

Specifically account for how the IEMP funds were utilized on eligible costs.

Activities	Total Amount
Travel	
Accommodation	
Activities	
Total Expenses	

PART 4 – FOREIGN PARTNER ENGAGEMENT (IF APPLICABLE)

a. Detail activities and outcomes which engaged a foreign partner institution while you were abroad.

250 words max.

b. Describe any foreign partner student or teacher groups that will visit B.C. as a result of your trip (i.e. a reciprocal visit). If known, include how many students will visit and when. **250 words max.**



PART 5 – LESSON LEARNED/ADVICE FOR BEST PRACTICES (OPTIONAL)

Please share any lessons learned or best practice advice to help organizers of future travel. **250 words max.**



TEACHER EXCHANGE POST-ACTIVITY REPORT

The purpose of this post-travel report is to gather information on how award funding was utilized to advance opportunities to build relationships with foreign partner institutions and further intercultural learning for B.C. students and teachers.

Name of Report Drafter (Surname, Given Name):

Name of School:

Name of School District (if applicable):

Destination Country:

Destination City and Province (if applicable):

Date of Travel – Start Date (mm/dd/yyyy):

Date of Travel – End Date (mm/dd/yyyy):

Funding Amount:

PART 1 – GENERAL SUMMARY AND ITINERARY

Provide an itinerary and an overview of your activities abroad. **250 words max.**

PART 2 – LEARNING AIMS AND OUTCOMES

If your aims and outcomes have not changed from the original application, please move on to Part 3.

If your aims and outcomes changed from the original application, please describe specific learning aims and outcomes for the following activities: Pre-departure preparation, itinerary, in-travel activities and description, and post-travel reflection. **250 words max.**

PART 3 – BUDGETARY EXPENDITURE

Specifically account for how the IEMP funds were utilized on eligible costs.

Activities	Total Amount
Travel	
Accommodation	
Activities	
Total Expenses	

PART 4 – FOREIGN PARTNER ENGAGEMENT (IF APPLICABLE)

- a. Detail activities and outcomes which engaged a foreign partner institution while you were abroad.
250 words max.

- b. Describe any foreign partner student or teacher groups that will visit B.C. as a result of your trip (i.e. a reciprocal visit). If known, include how many students will visit and when. **250 words max.**

PART 5 – LESSON LEARNED/ADVICE FOR BEST PRACTICES (OPTIONAL)

Please share any lessons learned or best practice advice to help organizers of future travel. **250 words max.**

CAPACITY DEVELOPMENT

Please include a detailed account of how funds were allocated for Capacity Development. **Max. 250 words each.**

Activity List:

If you have selected Other, please specify your activity here:

Describe how the activity met your aims / goals / intentions

Amount:

This field is required if you have selected from the Activity List.

Activity List:

If you have selected Other, please specify your activity here:

Describe how the activity met your aims / goals / intentions

Amount:

This field is required if you have selected from the Activity List.

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If you have selected Other, please specify your activity here:

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Describe how the activity met your aims / goals / intentions

Amount:

This field is required if you have selected from the Activity List.

Total Amount:

BY SIGNING BELOW, I CERTIFY THAT:

- **ALL INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND IT IS SUBJECT TO AUDIT; AND,**
- **THE SUPERINTENDENT OF OUR DISTRICT IS AWARE OF AND IN SUPPORT OF THIS REPORT.**

Signature of Lead Applicant

Date Signed