



Office of Choice Programs Program Proposal

SECTION I – GENERAL PROGRAM

☐ Elementary ☐ Middle ☐ High School

Initiator (person requesting program)

Employee ID # _____ Full Name: _____ Date: _____
First Last

School/Dept Name: _____ Program Title: _____

Program Manager: _____ Program Contact: _____ District-level Sponsor: _____

Phone: _____ Email: _____

Program is aligned to following School Board Goals and Strategic Plan Outcomes listed by number(s).

School Improvement Plan Objective(s) supported by program.

Which departments have you consulted with prior to the program proposal committee meeting? Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Assessment & Research – Catherine Matthew | <input type="checkbox"/> Instructional Materials – <ul style="list-style-type: none">• P-5 Instruction – Anne Arnold• 6-12 Instruction – Kalle Spear |
| <input type="checkbox"/> Categorical/Multi-lingual Learners – Christopher Fulford | <input type="checkbox"/> Learning & Information Technology – <ul style="list-style-type: none">• Brian Beckley• Michele Waddel• Senja Yakovleff |
| <input type="checkbox"/> Choice and Career Programs – Anthony Anderson | <input type="checkbox"/> Maintenance & Operations – Greg Smith |
| <input type="checkbox"/> Diversity, Equity, and Inclusion – Joi Grant | <input type="checkbox"/> Procurement Risk Management – Megan Gunder |
| <input type="checkbox"/> Facilities & Planning – Darcy Walker | <input type="checkbox"/> Special Education – Kelley Clevenger |
| <input type="checkbox"/> Finance & Business Services – Karen Buchmann | <input type="checkbox"/> Teaching & Learning – <ul style="list-style-type: none">• Regional Supt. – Larry Fleckenstein• Regional Supt. – Dr. Pete Misner• Regional Supt. – Dr. Cathy Woods |
| <input type="checkbox"/> Food Services – Adam Pazder | |
| <input type="checkbox"/> Human Resources – <ul style="list-style-type: none">• Regional Director 1 – Kevin Allen• Regional Director 2 – Mary O'Brien | <input type="checkbox"/> Transportation – Nancy Brown |

SECTION II – PROGRAM DESCRIPTION

A complete Program Description and Literature Review/Needs Assessment, required by Assessment & Research, must accompany this proposal prior to being placed on the Review Committee agenda.

What are the school's program goals? How do these goals support regionalization of Choice Programs and continuum of programs? For elementary and middle schools, list schools that have the next level of the program.

What are the planned student outcomes? Please include the measurement tool (rubric, checklist, etc.) that will be used to measure the identified student outcomes. Indicate this information using Specific, Measurable, Achievable, Relevant, and Time Bound (SMART) terms.

What evidence supports the effectiveness of this program in accomplishing the listed school goals and student outcome? Provide student outcome data from similar programs. ***Include research evidence in a Literature Review Narrative.***

What is the Program Implementation Plan? Indicate this information using Specific, Measurable, Achievable, Relevant, and Time Bound (SMART) terms.

What instructional practices, professional development, and materials are essential to implement the program?

SECTION III – BUDGET AND RESOURCES

Is the program government mandated? ☐ Yes ☐ No

What is the anticipated funding source(s) (e.g., operating budget, grant)?

☐ Yes ☐ No Can the program be implemented through a reappropriation of existing school resources? Describe any proposed budget tradeoffs on budget worksheet (page 7).

Fill out the detailed budget worksheet on page 7 of this document. Be sure to include:

1. Operational budget (e.g., additional staffing, supplies, staff development)
2. Capital project (e.g., equipment, facility renovations, remodeling)
3. Grant budget (if applicable – must include costs on budget worksheet page)
4. Other funding sources
5. Initial start-up budget (1st fiscal year) request by funding source (school operational and district supported budgets).

☐ Yes ☐ No Is there a teacher FTE solely dedicated to the proposed program?

Learning & Information Technology Services

☐ Yes ☐ No Will there be additional technology requirements (e.g., hardware and/or software)?

If yes, indicate the estimated cost(s) of hardware, software, implementation, and training. Indicate the funding source(s).

If instructional software is required, has Learning & Information Technology Services reviewed and approved it? ☐ Yes ☐ No ☐ Not applicable

If assessment software is required, has Assessment & Research reviewed and approved it? ☐ Yes ☐ No ☐ Not applicable

Does this program require a software lease? ☐ Yes ☐ No ☐ Not applicable

If yes, has LMS reviewed and approved the lease? ☐ Yes ☐ No ☐ Not applicable

If yes, has Procurement reviewed and approved the lease? ☐ Yes ☐ No ☐ Not applicable

Instructional Materials

☐ Yes ☐ No Are there district adopted texts available for this program?

If yes, what are the title(s) of the district adopted text(s)?

What is the projected cost for instructional materials for students and teachers?

☐ Yes ☐ No Are the instructional materials grant funded?

☐ Yes ☐ No If Yes, are instructional materials included in the grant proposal?

Planning Department Information

What is the school's current enrollment? _____

What is the anticipated program enrollment? Year 1 _____ Year 2 _____

☐ Yes ☐ No Year 1, will the program be limited to students living within the school's existing boundary (in-house)?

In what year is the program expected to move to a Choice Program, if applicable? _____

If moving to a Choice Program, approximately how many students will be able to attend the program from outside of the boundary as verified by the Facilities & Planning department? _____

☐ Yes ☐ No Does the school have enough space to accommodate the anticipated new students according to the Class Size Reduction requirement?

Facilities and risk management information

Have the proposed facilities for this program been confirmed as appropriate and safe with no modifications required by the Facilities & Planning director ☐ Yes ☐ No ☐ Not applicable

Have the proposed facilities for this program been confirmed as appropriate and safe with no modifications required by the Risk Management Safety Technician? ☐ Yes ☐ No ☐ Not applicable

Will there be additional space or remodeling requirements? ☐ Yes ☐ No ☐ Not applicable

If yes, has the Construction Project Coordinator (CPC) contacted to review and estimate the cost of any classroom modification(s) required by building codes or district policies that may be needed to implement the request classroom use changes? ☐ Yes ☐ No ☐ Not applicable

If yes, check on or more of the statements below and have supporting evidence available:

- ☐ Verified required improvements can be accomplished within the required time frame.
- ☐ Verified there are or will be sufficient funds for the improvements.

Estimated cost of improvements _____

Diversity, Equity, and Inclusion

Have plans been developed to communicate to all stakeholders?

Is there student representation on the school's proposal team?

Transportation department information (only for Choice out of boundary proposal requests)

- ☐ Yes ☐ No Are there Choice Transportation Zones currently in existence for other Choice Programs at the school?
- If no, school will need to communicate with the transportation department to determine whether a Transportation Zone will be provided.

Academic Office Information – Attach a PDF

- ☐ Yes ☐ No Meets/Aligns with current curriculum standards?
- Attach a copy of the course titles and numbers offered in each grade level.

Budget Worksheet

Exhibit A Year 1: Start-up Cost of Program (e.g., equipment, building modification)

Item Description	Operational Budget		
	School	District	Year 1 Total
Personnel – FTE* how many FTE and position			
Personnel – Substitute or Extra Hours			
Equipment			
Supplies and Materials			
Travel – in county			
Travel – out of county			
Professional Development			
Dues and Fees (if applicable)			
Grant			
Other (please explain)			
Totals:			

Please note, startup costs are independent of annual operating costs

Exhibit B Sustainability: Annual (recurring) Operating Cost of Program (e.g., personnel, supplies)

Item Description	Year 2	Year 3	Year 4	Year 5	Total:
Personnel					
Equipment					
Supplies and Materials					
Travel – in county					
Travel – out of county					
Professional Development					
Dues and Fees (if applicable)					
Grant					
Other					
Totals:					

☐ Yes ☐ No Does this program require additional funds from the District outside of the school's current operational budget? If yes, how much is needed? _____

☐ Yes ☐ No If applicable, complete grant pre-award process

Please specify what the district funds and/or grant funds will be used for:

Additional Comments:

Routing: When program proposal has been completed, the principal will route to Anthony Anderson, Director, Choice Programs. Those needing preview prior to the meeting will be directed to the Program Proposal Work Queue. During the Program Proposal Committee Meeting, the proposal will be reviewed, edited, and signed by appropriate district department directors or designees. Following the Program Proposal Committee Meeting, the Proposal Committee's recommendation will be forward to the Executive Cabinet for further review and final decision by the Superintendent.

SIGNATURES SCHOOL & REGIONAL

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Program Proposal must include a signed letter of support from School Advisory Council chair.

Program Proposal Committee Recommendation to Executive Cabinet

SIGNATURES PROGRAM PROPOSAL COMMITTEE

Signatures represent committee members acknowledgement of the recommendations above.

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Comments/Recommendations

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SIGNATURES - LEADERSHIP

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SIGNATURE - FINAL APPROVAL

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All signatures must be in place for final approval by Superintendent.