

Please email your completed building plan to [Susan McCoard](#) by **September 2**

**Grades 3-6 Building Plan**  
**WABS After School STEM Academy Building Plan**

**School Name:** \_\_\_\_\_

**Administrator who will serve as Coordinator:** \_\_\_\_\_

**Additional staff to receive communications about ASSA:** \_\_\_\_\_

**WABS ASSA Calendar**

Indicate, using the calendar below, the dates of your 4 planned ASSA sessions. Each session is 90 minutes long and should be held on 4 different weeks. Your sessions should be at the same time of day, and on the same day of the week, i.e., Wednesday's at 4:15pm.

	Mon	Tue	Wed	Thu	Fri
October	24	25	26	27	28
	31				
November		1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25
	28	29	30		
December				1	2
	5	6	7	8	9

Action Item	Responsibility
Each school participating in ASSA must determine one school staff member to supervise over the students and volunteer. The Volunteer from WABS will be teaching.	Indicate who your staff member in charge of supervision will be: _____
What time will your sessions begin at your school?	_____
Indicate which grade levels you will be including in your ASSA sessions at your school.	<input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5
There is a 24-student maximum per school. Determine who will reach out to students.	Who will coordinate student participation? _____
Provide CTE with a list of students who have confirmed participation in ASSA for Fall.	Send your student list to Susan McCoard by your first meeting date.  Indicate who will send your student list. _____

If you have specific questions about the After School STEM Academy, please email Kyleigh Sapp directly, at [kyleigh@wabsalliance.org](mailto:kyleigh@wabsalliance.org).

If you have any questions about the building plan, please contact Susan McCoard at **x5280** or email [SMcCoard@everettsd.org](mailto:SMcCoard@everettsd.org).