



## 21-22 Seattle Public Schools Institutional Service Application

The purpose of this document is to provide information to Seattle Public Schools (SPS) about the programs and services provided to students by community based organizations. This document will be reviewed by a SPS cross-departmental committee comprised of: Curriculum & Instruction, Coordinated School Health, Legal, Department of Technology Services, and School and Community Partnerships, in order to determine if a program or service provided by your organization can be considered an “institutional service”. This is a very limited exception under The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), a Federal law that protects the privacy of student education records. This determination is made on a case by case basis in compliance with FERPA, SPS policy, and strict criteria (for more information please refer to our website).

Once a service or program is designated an Institutional Service, a list of students served by the approved service/program must be submitted by the school principal or designee and an Institutional Service Data Sharing Agreement must be signed prior to release of identifiable student information.

Please send completed applications or questions to [communitypartnerships@seattleschools.org](mailto:communitypartnerships@seattleschools.org) or by mail to Jennifer Chamberlin, MS 33-160 PO Box 34165, Seattle WA 98124. Applications are due on July 23<sup>rd</sup>, August 20<sup>th</sup>, September 17<sup>th</sup>, October 15<sup>th</sup>, and November 12<sup>th</sup>, 2021. You will hear a decision or follow up questions no later than 3 weeks after the date submitted.

### Criteria for approval for individual programs

- Program or service is for students enrolled in Seattle Public Schools and provided on school grounds
- Program or service is academic or falls within the scope of the district’s K-12 education program
- Program or service is comparable to a program or service provided by the district or is a program or service that would be provided by the district if the resources were available
- Program or service is provided directly to students
- Program or service is provided consistently for specific students (not drop in)

1. **Name of Organization:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

2. **Contact Person/Title:** \_\_\_\_\_

3. **E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

4. Please describe your organization’s mission and vision. If your organization has an official mission statement or other prepared materials describing your programs/services, you may attach a copy of those materials to this application in lieu of answering this question.

5. What type of service(s) does your organization intend to provide for Seattle Public Schools students?

- Tutoring during school day       Monitoring Academic Progress       Other \_\_\_\_\_
- Attendance Accountability       College and Career readiness
- Tutoring outside of school day       Case Management
- Mentoring during school day       Mentoring outside of school

6. How do you intend to store, use, and secure the data provided?

7. Please list your programs and complete 'Section 2: Program Detail' for **each** program.

**Section 2: Program Detail**

Please complete section 2 for each program/service that your organization intends to provide in Seattle Public Schools for the 2021-2022 school year.

I. **Program Name:** \_\_\_\_\_

A. Has this program been approved for the institutional service designation in the past?

- Yes       No       First time applicant

B. Program/service description overview and purpose including an example of what a typical session would include:

C. SPS Contact (if applicable): \_\_\_\_\_

D. Number of SPS Students Involved: \_\_\_\_\_

E. Program Frequency/Duration per student

- i. Frequency  Weekly       Twice a month       Other \_\_\_\_\_
- ii. Days  Mon.     Tues.       Wed.       Thurs.       Fri.     Sat.     Sun.
- iii. Time per session  <30 minutes     30minutes-60 minutes     60-90 minutes     >90 minutes
- iv. Please describe your program's frequency/duration:

F. Please describe how SPS students will be selected to participate in your organization's program and/or receive your organization's services.

G. Program Location(s):

H. How do you intend to measure the program's effectiveness? If you will be using an external evaluator please list their name and organization here.

**For Internal Use Only**

Intake by: <u>Jennifer Chamberlin</u>	Date: _____
Reviewed by: Curriculum & Instruction <input type="checkbox"/>	Date: _____
Coordinated School Health <input type="checkbox"/>	
Technology Services <input type="checkbox"/>	
Legal <input type="checkbox"/>	
School & Community Partnerships <input type="checkbox"/>	
<b>Program Approved</b> <input type="checkbox"/>	<b>Program Declined</b> <input type="checkbox"/>