

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"/>	
Program Approved <input type="checkbox"/>	Program Declined <input type="checkbox"/>