

## Section 2: Program Detail

Please complete section 2 for each program/service that your organization intends to provide in Seattle Public Schools for the 2024-2025 school year.

Please initial below to acknowledge you have read the following statement:

☐

To support our strategic priorities and Multi-Tiered Systems of Support (MTSS) framework, the District's [Unified Insights data platform](#) provides a shared record of supports, programs, and services that students are receiving from school staff and community-based organizations (CBOs). This system supports stronger alignment and collaboration related to student supports among district and school leadership, school staff, and CBO staff.

If approved as an institutional service provider, your organization shall be considered a school official under FERPA, which may require that you maintain student enrollment for each of your programs in Unified Insights.

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: Jennifer Chamberlin

Date: \_\_\_\_\_

Reviewed by: Curriculum & Instruction ☐  
Coordinated School Health ☐  
Technology Services ☐  
Legal ☐  
School & Community Partnerships ☐

Date: \_\_\_\_\_

**Program Approved** ☐

**Program Declined** ☐