

Section 2: Program Detail

Please complete section 2 for each program/service that your organization intends to provide in Seattle Public Schools for the 2023-2024 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: Jennifer Chamberlin

Date: _____

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

Date: _____

Program Approved ☐

Program Declined ☐