

Section 2: Program Detail

Please complete section 2 for each program/service that your organization intends to provide in Seattle Public Schools for the 2026-2027 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 [Analytics & 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: <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"/>