



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
CHIEF ACADEMIC OFFICER

Program Proposal

ORIGINATING DIVISION / DEPARTMENT/SCHOOL

Directions: Answer all questions and include any supporting information on a separate sheet if necessary.

SECTION I - General Program Information

PROGRAM TITLE		DATE
PROJECT MANAGER / CONTACT PERSON(S)	PRINCIPAL / PROJECT LEAD	

Program is aligned to following School Board Goals and Key Result(s) listed by number(s):

Program is aligned to following Academic Business Plan Core Strategies listed by number(s):

School Improvement Plan Objective(s) supported by program:

SECTION II - Program Description

If this application is approved, you must provide a more detailed description and evaluation plan prior to implementation.

Answer the following questions:

1. What are the goals of the program?

2. What are the student outcomes? Indicate this information using SMART terms:

- 3) What instructional practices, inservice and products are essential to implement the program successfully?

- 4) What is the evidence that supports the effectiveness of this program in accomplishing the outcomes?
(Provide student outcome data from similar programs)

SECTION III - Budget and Resource Information

1. Is the program government mandated? Yes No NA
2. What is the anticipated funding source(s) (e.g., Operating Budget, Grant) _____
3. Can the program be implemented through a reappropriation of existing school resources? Yes No NA
(explain - include any proposed budget trade offs)
4. Is the program anticipated to continue in successive fiscal years? Yes No NA
5. If additional funding is sought, fill out the detailed budget worksheet on page 5 of this document.
 - a. Indicate initial start-up budget (1st fiscal year) request by funding source
_____ 1) Operational budget (e.g., additional staffing, supplies, staff development)
_____ 2) Capital Project (e.g., equipment, facility renovations, remodeling)
_____ 3) Grant Budget (if applicable)
 - b. Provide a five-year projected budget by the aforementioned funding sources. Fiscal year one should be a restatement of the initial start-up budget provided above.

6. Information Technology (IT) Information:

- a. Will there be additional technology requirements? (e.g., hardware and or software) (explain)

- b. If yes, Indicate the estimated cost of hardware, software, implementation and training and indicate the funding source.

- c. If instructional software is required, has Curriculum and Learning approved it? Yes No NA
- d. If assessment software is required, has Research and Evaluation approved it? Yes No NA
- e. Does this program require a software lease? Yes No NA
- d. If yes, has IT reviewed and signed off on this lease? Yes No NA

7. Instructional Materials Information:

- a. Are there district adopted texts available for this program? Yes No NA
If yes, what is the title of the district adopted text?

- b. What is the projected cost for instructional materials for students and teachers? _____
- c. Are the instructional materials grant funded? Yes No NA
If this program is grant funded, are instructional materials included in the grant proposal? Yes No NA

8. Facilities Management Information:

- a. Will there be additional space or remodeling requirements? Yes No NA
If yes, check one or more of the statements below:
 - verified that required modifications can be accomplished within the required time frame
 - provided an estimated cost for improvements
 - verified that there are or will be sufficient funds for the improvements

9. Planning Department Information:

- a. What is the anticipated program enrollment?

- b. Will the program be limited to students living within the school's existing boundary? Yes No NA
- c. If no, how many students are expected to attend the program from outside of the boundary in the first year? _____

- d. What is the expected growth in later years? _____
- e. Verify that there is space in the school to accommodate the anticipated new students (if any).

10. Legal Services

Has legal reviewed and signed off on this proposal? Yes No NA

SECTION IV - Other Department Information

1. In addition to the Departments listed above, indicate the Department(s) below that have been or will be involved in planning this program:

- | | | |
|---|--|---|
| <input type="checkbox"/> Certification | <input type="checkbox"/> IT Instruction | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Career Education | <input type="checkbox"/> Instructional Employment Services | <input type="checkbox"/> Research, Evaluation and Accountability (DREA) |
| <input type="checkbox"/> Choice Programs & School Choice | <input type="checkbox"/> Instructional Support | <input type="checkbox"/> School District Police |
| <input type="checkbox"/> Elementary Education (curriculum) | <input type="checkbox"/> Multicultural Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Exceptional Student Education (ESE) | <input type="checkbox"/> NCLB/Federal Grants | <input type="checkbox"/> Secondary Education (curriculum) |
| <input type="checkbox"/> Information Technology (IT) Customer Support | <input type="checkbox"/> Personnel Recruitment | |

2. Additional Comments/Further Recommendations:

SECTION V - Originating School or Department Head Review

School Principal or Department Head

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Needs Additional Information	_____ <small>SIGNATURE OF SCHOOL PRINCIPAL OR DEPARTMENT HEAD</small>	_____ <small>DATE</small>
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Additional Comments/Further Recommendations:

School Advisory Council (if applicable)

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Needs Additional Information	_____ <small>SIGNATURE OF SCHOOL ADVISORY COUNCIL (if applicable)</small>	_____ <small>DATE</small>
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Additional Comments/Further Recommendations:

Area Superintendent or Assistant Superintendent

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Needs Additional Information	_____ <small>SIGNATURE OF AREA SUPERINTENDENT OR ASSISTANT SUPERINTENDENT</small>	_____ <small>DATE</small>
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Additional Comments/Further Recommendations:

Program Proposal Review Committee

<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	_____	_____
<input type="checkbox"/> Needs Additional Information	<i>SIGNATURE OF COMMITTEE CHAIRMAN</i>	<i>DATE</i>

Additional Comments/Further Recommendations:

Chief Academic Officer

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____	_____
<input type="checkbox"/> Needs Additional Information	<i>SIGNATURE OF CHIEF ACADEMIC OFFICER</i>	<i>DATE</i>

Additional Comments/Further Recommendations:

Chief Operating Officer (if applicable)

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____	_____
<input type="checkbox"/> Needs Additional Information	<i>SIGNATURE OF CHIEF OPERATING OFFICER (if applicable)</i>	<i>DATE</i>

Additional Comments/Further Recommendations:

Chief Officer of Administration (if applicable)

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____	_____
<input type="checkbox"/> Needs Additional Information	<i>SIGNATURE OF CHIEF OFFICER OF ADMINISTRATION (if applicable)</i>	<i>DATE</i>

Additional Comments/Further Recommendations:

Superintendent / Cabinet (if applicable)

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____	_____
<input type="checkbox"/> Needs Additional Information	<i>SIGNATURE OF SUPERINTENDENT (if applicable)</i>	<i>DATE</i>

Additional Comments/Further Recommendations:

Upon approval, all departments involved will receive a copy of this proposal.

Budget information

1. Exhibit A: One -time start-up costs (eg., equipment, building modification)

ITEM DESCRIPTION	COST

TOTAL

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2. Exhibit B: Annual (recurring) Operating Cost of Program (eg., personnel, supplies)

ITEM DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL

TOTALS

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