



EXTENDED CONTRACT PROGRAM DESCRIPTION

Teacher's Name: _____ **School:** _____

Date: _____

Program Description: (The program must fall in one of the approved categories of *tutoring, Jump Start, parenting programs, professional growth.*)

Objectives of the Program:

How will you evaluate your program to determine how effective the program is in reaching the objectives? Objective data must be collected showing growth or lack of growth. This means you must have entry-level data and exit level data on each student. For Jump Start, some parenting programs and professional growth activities, surveys or questionnaires may be acceptable.

Scheduled Times: (i.e., Monday, Wednesday, Friday - 3:30-4:30)

Approximate number of students to be served each session: