

Bridgeport Public Schools Program Planning Guide

July, 2009



This section should be completed by the vendor or by staff making the proposal.

Are you a registered vendor with the Bridgeport Public School District? Yes _____ No _____

If no, go to the City of Bridgeport website to register: ci.bridgeport.ct.us before continuing.

Title or Name of Project:

PROGRAM- Provide a one paragraph description of the proposed program:
Title:

Evidence of Effectiveness- What research is the basis of this proposal? Attachments are acceptable.

PROFESSIONAL DEVELOPMENT

What training of staff will be required for this program to be effective?

Annual cost of training per person from the original vendor? \$ _____
Number of people to be trained _____
Total cost of initial training \$ _____

How many days is the initial training?

When will the initial training occur?

Release time? _____
After school _____
Summer _____
Other (specify)

Where will training need to occur; i.e. computer lab, library, etc.?

If stipend or pay is required for teachers or if subs are required, what is the cost?
Where are the funds located?

Does the program make provision for in district trainers? _____

Who will be authorized or eligible to become trainers?

Cost of trainer of trainers training:
\$ _____

How many days is the training for trainer of trainers?

When will this training occur?

Release time? _____
After school _____
Summer _____
Other (specify)

If stipend or pay is required for teachers or if substitute teachers are required during the t, what is the estimated cost?

RESOURCES

What materials must be purchased to start up the program?

What is the cost? \$ _____

What materials must be purchased annually?

Cost per person, per school or per student
\$ _____ Specify unit _____

Is it possible for the district to purchase the rights to duplicate the materials?

_____ Yes _____ No

What materials must be ordered when a new teacher is hired?

Cost per teacher \$ _____

OTHER- Please note any other requirements for implementation of this program. Attachments are acceptable.

This section is to be completed by the Bridgeport staff member(s) that are proposing this program.

CURRICULUM

How will this new program fit into the Bridgeport Public School District Strategic Plan?

Will the new program require revisions to existing curriculum?

COHERENCE

Into what core content area curriculum does this program fit?

What grade(s) or subject(s) or school(s) will be using this program?

When and how will this program be used in the instructional program?

What will not be done or taught if this program is implemented?

LEADERSHIIP- Provisions for Long Term Leadership

Program Leader_____

Contingent Program Leader_____

(In case program leader is promoted or replaced.)

Funding

What is the total start up cost of this program?

Professional development:

Materials:

Stipends or Substitutes:

Other, please specify:

Total:

What are the continued annual costs of this program?

Professional development:

Materials:

Stipends or Substitutes:

Other, please specify:

Total:

Form completed by_____

Administrator _____ Date_____