

Name: School: Please return your completed proposal to: Terri Simmons Human Resources Department	<p align="center"><u>Central Office Use Only:</u></p> <p align="center">Analysis Report _____ Individual School Report _____ Contract Length _____ Approval Date _____</p>
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EXTENDED CONTRACT PROPOSAL FORM

Directions: Please complete the following extended contract proposal form. All information must be completed before approval will be granted. No time can be logged prior to approval. This information should be typed.

(proposal forms are available at <http://www.rcstn.net> ; click on system administration; click on Human Resources; under Item Title, click on Extended Contract)

I. **Activity Goals** -- Goals must relate to one of the following system / school needs. All proposals must meet at least one of the contracted areas. Please check any applicable area.

- ___1. Remediation in reading and language at all levels.
- ___2. Remediation in mathematics at all levels.
- ___3. Remediation in social studies and science at all levels.
- ___4. Gateway remediation and intervention for math, science, and language arts.
- ___5. Enrichment in mathematics at all levels.
- ___6. Enrichment in science and writing at all levels.
- ___7. Test preparation (ACT / other state tests) at the secondary level.

II. **Activity Objectives** -- All objectives must align with the standards. Please provide the objective(s) for this proposal.

III. **Activity Description** -- Please provide a brief description. When appropriate, include how technology will be incorporated.

IV. **Project Students Served** --

Projected Number of Students Served : _____

Grade Level(s) Included: _____

Over 

V. **Student Selection Process** -- How will students be selected for this proposal? Include data sources that will be used.

VI. **Evaluation Criteria** -- How will students' achievement be measured?

VII. **Contract Time Frame** --

1. I am requesting a (check one) _____ 35 hours contract or a _____ 70 hours contract.
2. I will meet (check one) _____ mornings or _____ afternoons on the following day(s) of the week:

_____Monday	_____Thursday
_____Tuesday	_____Friday
_____Wednesday	_____Saturday
3. I will meet at the following time and understand this time must be scheduled outside of my regular contracted school day:

Times to Meet:

VIII. **Signature of Building Administrator** --

*****All proposals must receive written approval before logged time begins.***