



4. How will the daily schedule be affected by this teaching strategy?

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5. What assessment process will you use?

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6. How will you evaluate the effectiveness of your proposed program?

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7. Have you prepared and attached a yearly plan? \_\_\_\_\_

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**FOR APPROVAL:**

|                                       | Date  | Initials |                        | Date  | Initials |
|---------------------------------------|-------|----------|------------------------|-------|----------|
| 1. Teacher                            | _____ | _____    | 2. Principal           | _____ | _____    |
| 3. Board<br>Expenditure<br>(Approval) | _____ | _____    | 4. Education<br>Office | _____ | _____    |

**OFFICE OF EDUCATION RESPONSE**

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Accepted

Rejected