

ATTACHMENT VIII-E

ATTACHMENT VIII-E:	Group VIII Program Request – NBUE/NBMS
Suggested Motion:	Move to approve the Group VIII Program Request
Recommended Action:	Approve as presented

Academic Advocacy- After School Support

The School Counselor will provide after school academic support to struggling students in Grades 5-8 from 3:00 - 4:15 on Tuesdays and Thursdays coinciding with the activity bus. Semester one will be 4 weeks (8 Sessions), and semester two will be 12 weeks (24 sessions).

The goals of the sessions include:

- Increase coursework completion and submission
- Raise overall grades
- Improve problem solving skills
- Promote self-advocacy within students

The means of achieving these goals include:

- Grade monitoring and weekly progress reports
- Identify specific obstacles to achieving academic success
- Outline strategies for students to overcome academic challenges
- Facilitate initial discussion between students and teachers

Group VIII Program Request

Teacher Name: Ashley Stanek Date: 11/9/2017

School/Project Location: NBUE/ NBMS

Project Name: Academic Advocacy- After School Support

1. Briefly describe how students will benefit from this program:

- Increase coursework completion and submission
- Raise overall grades
- Improve problem solving skills
- Promote self advocacy within students

2. Describe the activities of this program:

- Grade monitoring and weekly progress reports
- Identify specific obstacles to achieving academic success
- Outline strategies for students to overcome academic challenges
- Facilitate initial discussion between students and teachers


3. Give a schedule of tentative dates and times for each activity.

Semester One- 4 weeks (8 Sessions) Tuesdays/ Thursdays from 3:00-4:15

Semester Two- 12 weeks (24 sessions) Tuesdays/ Thursdays from 3:00-4:15

4. Total hours of project for teacher: 32

Total cost of project: 882.88

Reviewed by Principal:  Date: 11/27/17

Reviewed by Superintendent: _____ Date: _____

Project Approved: _____ Project Disapproved: _____

Reason if Disapproved: _____

Approved by the Board: _____ Date: _____