

	<p align="center">River Bend Area Learning Center 1315 S Broadway Street New Ulm, MN 56073 ph(507) 359-8780 fax (507) 359-1586</p>
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Summer High School Credit Recovery Proposal

A separate proposal must be submitted for each credit recovery session.

School District: _____

School Building Hosting Program: _____

Contact Person: _____ email: _____

Program Dates: _____ to _____ Days: ___ M ___ T ___ W ___ Th ___ F

Time of Class: _____ to _____	Time of Class: _____ to _____
Time of Class: _____ to _____	Time of Class: _____ to _____
Time of Class: _____ to _____	Time of Class: _____ to _____
Time of Class: _____ to _____	Time of Class: _____ to _____

Expected Number of Students _____ **Number of Classes/Student :** _____

Grading method: _____ A-F _____ Pass/Fail

Delivery Method: _____ Teacher Led **--OR--** _____ Independent Study (cannot be both)

Teacher	email	Grade/Class	Attendance

Please indicate if one teacher will be taking attendance for all or if each individual teacher will take their own attendance by checking the attendance column.

Purpose of Program: (List Course)

Description of Instructional Strategies: (List Curriculum/Online Resources)

Measures of Success: (Tests, quizzes, papers, presentations, projects, & Grade)

Estimated Program Budget

Program Revenue

Please calculate the total number of classes scheduled, multiplied by the scheduled amount of time in hours, multiplied by \$5.31. This is your Estimated Revenue. The actual revenue may be less if students finish classes prior to the program end date.

of Classes ____ X # of Hours/Student ____ X \$5.31 = \$ _____
(Estimated Revenue)

Program Staff Expense

Teacher	Position	Licensure	Hrs/Day	Hourly Rate * Including Benefits	Expense per Day	Total Expense
					Total	

\$ _____ - \$ _____ = \$ _____
(Estimated Revenue) (Estimated Staff Expense) (Estimated Program Income)

River Bend Education District will bill 10% of generated revenue to cover administrative costs.

In the event the program *exceeds revenue*, please provide a detailed explanation on a separate sheet of where the expenditure comes from in the school budget.

In the event there is *Program Income*, please provide a detailed explanation on a separate sheet of how the income will be spent on the program. All program income must be spent on the proposed program.

Principal's Signature

Date

Principal Name Typed or Printed

Business Office Approval

Business Manager

Date

Proposal Approval

Chris Bodick, Coordinator

Date