

River Bend Area Learning Center

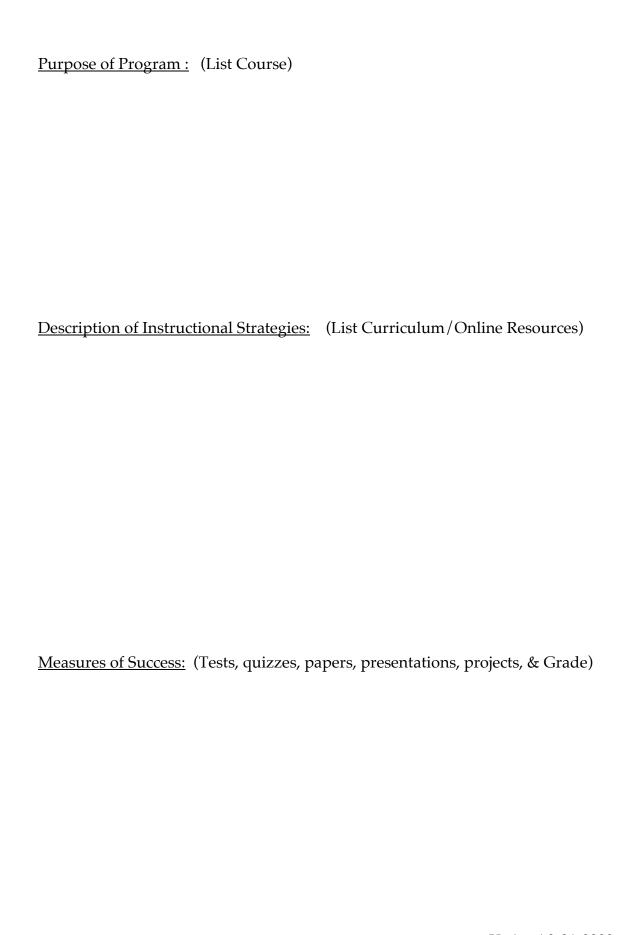
1315 S Broadway Street New Ulm, MN 56073 ph(507) 359-8780 fax (507) 359-1586

Summer High School Credit Recovery Proposal

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

School District:						
School Building Hos	ting Program:					
Contact Person:	email:					
Program Dates:	to	Days: I	M T	_W	Th F	
Time of Class: Time of Class: Time of Class: Time of Class:	to to	Time Time	of Class: _ of Class: _ of Class: _ of Class: _	to	o	
Expected Number of	f Students	Numbe	r of Classe	es/Stude	ent :	
Grading method:	ing method: A-F Pass/Fail					
Delivery Method:	Teacher Le	ed OR I	ndepende	nt Study	(cannot be both)	
Teacher	email		Grade/C	lass	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.



Estimated Program Budget

Program	Revenue
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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 \$			
Program Staff Exper	150			(Estima	ited Reve	enue)
Teacher Teacher	Position	Licensure	Hrs/Day	Hourly Rate * Including Benefits	Expense per Day	
					Total	
ф	ф	•		ф		
\$(Estimated Revenue)	\$ (Estima	ated Staff Exp	= : ense)	(Estimated Pro	ogram Incoi	 me)
River Bend Education D						
In the event the progon a separate sheet of	gram <i>exceed</i> of where the	<i>s revenue,</i> e expendit	please p ure come	rovide a det es from in tl	tailed ex ne schoo	planatio l budget
In the event there is a separate sheet of h income must be spe	ow the inco	me will b	e spent o			
Principal's Signature			_	Date		
Principal Name Type	ed or Printe	d				
Business Office App	proval					
Business Manager				Da	ate	_
Proposal Approval						
Chris Bodick, Coordinator					ate	-