

PROGRAM EVALUATION FORM

_____ School or District

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GENERAL INFORMATION

Please Email completed form to _____	
School	Contact Person
Program Name/Publisher	URL

JUSTIFICATION

I. Target Areas

Grade Levels: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Number of students potentially impacted: _____ Number of teachers committed to using: _____

ELA: ☐ Reading ☐ Writing ☐ Listening ☐ Research/Inquiry

Math: ☐ Concepts/Procedures ☐ Problem Solving & Modeling ☐ Communication & Reasoning

Other subject: _____

State Content Standards addressed by program: _____

RTI/MTSS Use: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

II. Purpose

What area of need does this program address? Please refer to the LCAP, your SPSA, State Content Standards, current educational research, assessment data showing need, or site-based data.

IMPLEMENTATION and ASSESSMENT

I. Goal (Use SMART language where appropriate--i.e. ____% of students will be able to ____ so that ____ OR ____% of ____ grade students will show a ____% increase in proficiency in ____).

II. Data



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What qualitative and/or quantitative data will you collect to evaluate student outcomes? Over what duration of time?
How many teachers and students will be involved?

III. Usage

What is the planned weekly expected usage of the program that teachers will be held accountable to?

Days per week: _____ Minutes per day: _____

What is the time requirement recommended by the program? Days per week: _____ Minutes per day: _____

Is that time requirement based on research? ☐ Yes ☐ No

Program Provides (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> usage-tracking school-wide | <input type="checkbox"/> usage- tracking by classroom |
| <input type="checkbox"/> usage-tracking by student (time on task, etc) | <input type="checkbox"/> usage- tracking by classroom |
| <input type="checkbox"/> student progress in real time | <input type="checkbox"/> formative assessment data for teachers |
| <input type="checkbox"/> differentiated instruction | <input type="checkbox"/> personalized learning |

Not listed (please describe):

PROGRAM QUALITY

To determine whether the program is likely to support student learning, we want to know if the program has earned any of the following non-profit issued certifications to indicate likely efficacy and effectiveness. The program should provide any certifications issued, including date issued and currently active to confirm the certification has not expired.

Program Has Earned the Following Product Certifications (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Research-Based Design: ESSA Tier 4 | <input type="checkbox"/> Responsibly Designed AI |
| <input type="checkbox"/> Evidence-Based Edtech: ESSA Tier 3 | <input type="checkbox"/> Accessibility Baseline (CAST) |
| <input type="checkbox"/> Learner Variability | <input type="checkbox"/> Universal Design for Learning (CAST) |
| <input type="checkbox"/> Practitioner-Informed Design | <input type="checkbox"/> ISTE Seal |

Not listed (please describe):



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PROFESSIONAL LEARNING

What is the training/PL plan? Who is the lead teacher/administrator? (include budgeted amount for PL for this program, if outside training is needed, if district staff is needed for training, etc)

When will the PL occur? Have participating teachers agreed to this PL? (ACE, after school, release time, etc.)

How often will data be incorporated into PLC and what systems are in place to ensure that this happens?

BUDGET

Please delineate all anticipated program costs, and indicate if the company provides a free pilot or trial period. Please include costs for training, technical support, hardware and software costs, ongoing costs, etc.

Description	Funding Source	Cost

☐ With my signature, I certify that if any hardware is needed for the implementation of this program that I have coordinated with _____ (tech department) to ensure that it can be supported.

Signature of Site Administrator

Date

TECHNOLOGY (implementation costs and what student data will be collected)

Technology Requirements Checklist (Please submit the two documents below with your application):



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- ☐ [National Data Privacy Agreement](#) signed before purchase (NDPA)
- ☐ [Technology Checklist](#) completed by program company - to verify the program will function on network (this will be different for every district - work with your technology department)

SCORING RUBRIC (To be completed by _____)

Each component of the application will be scored on a scale of one to three to assess the value of the recommended program. Applicants are advised to refer to the rubric when drafting their applications.

3 = Complete/Strong 2 = Committee Needs Additional Information 1 = Poor/Incomplete

CRITERIA	3	2	1
JUSTIFICATION There is a clear area of need that is grounded in the LCAP, School Site Plan, State Content Standards, current educational research, and site-based data. There is potential for many students to be impacted <u>and/or</u> those students who are identified demonstrate a high level of need.			
IMPLEMENTATION AND ASSESSMENT Throughout the implementation process, there are multiple opportunities to collect qualitative and/or quantitative data to demonstrate that the program is impacting student learning. This data relates to and supports the stated goal of the program.			
PROFESSIONAL LEARNING Professional learning is a component of implementation, and there are school-wide systems in place to plan, access, and evaluate the impact of the program on student learning.			
BUDGET The proposed budget is realistic. It includes program costs and the site has researched whether a free pilot or trial period is available. If substitutes are needed, those costs are also delineated.			
TECHNOLOGY Both required documents are completed and attached to the application.			
PROGRAM QUALITY The program has earned at least one product certification issued by Digital Promise, ISTE, and/or CAST to indicate that the program is likely to see positive student impact.	Yes = 2 No = 0 ____		
Accessibility Has the program received CAST's Universal Design for Learning (or another accessibility) certification?	Yes = 2 No = 0 ____		

Total: _____

15-19 = Recommend for Purchase 12-14 = Deserves Strong Consideration 9-11 = Moderate Value
Applications with fewer than 12 points should be returned to the school site for reconsideration or revision.

