



Technical Assistance Center

Westchester Institute for Human Services Research, Inc.
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White Plains, NY 10601
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Dear Colleague:

Welcome to Sharing Success, the New York State Education Department's (NYSED) statewide system for identifying and disseminating effective programs and strategies. The Sharing Success Technical Assistance Center is pleased to work with schools to help them determine whether or not their programs/strategies are effective.

To begin the review process, you must complete the enclosed application and return it to us with any relevant program materials. The application format is user-friendly to help you complete it in minimal time. With the exception of the 100-200 word abstract, the application requires no writing. You are asked to respond to 10 questions in checklist format and to attach *existing materials/documents* about your program/strategy.

Upon receipt of your application, it will be reviewed by experienced evaluators, and select schools will be chosen to receive evaluation technical assistance services. The Sharing Success Technical Assistance Center will nominate programs/strategies demonstrating significant results to the NYSED for validation or certification as a promising practice.

Please complete the application and forward it to us as soon as possible. We look forward to working with you.

Yours truly,

Mary Larkin,
Director, Sharing Success Technical Assistance Center

pc James Kadamus, Deputy Commissioner, NYSED
James Butterworth, Asst. Commissioner, NYSED
Laurie Rowe, Office of Innovations, NYSED

Sharing Success Application Cover Page

Name of Applicant Agency: _____

Address: _____

Phone: () _____ **E-Mail:** _____ **Fax:** () _____

Name of Contact Person: _____

Address: _____

Phone: () _____ **E-Mail:** _____ **Fax:** () _____

Was this program/strategy developed locally? **Yes** **No**

If no, please indicate the name of developer(s): _____

This application is a public document and may be provided to and/or reviewed by other people. I will provide access for a technical assistant to visit the program to examine curricular documents, evaluation instruments, data and statistical analysis, and opportunities to converse with staff if requested.

If this program is validated, I will allow the program to be visited by interested parties and I will make staff available to conduct informational sessions, staff training, and follow-up technical assistance upon request, providing all costs are reimbursed to this agency. I also assure that any materials developed by this agency for the program will be made available to any replicator of the program, for a cost not to exceed the cost of duplication of the materials.

Signature of Agency Administrator or Superintendent

Date

Print Name of Agency Administrator

Please return your application to:
Elizabeth Keefe
The Westchester Institute for Human Services Research, Inc.
7-11 South Broadway, Suite 402, White Plains, NY 10601
(914) 682-1969 ext. 312 fax: (914) 682-1760

I. Program/Strategy Description

1. Please place a “✓” in the boxes below that most accurately *describes* your program or strategy.

Program Must have a formal program design, written curricula, or process guidelines and have been implemented for *at least 2 years*. This includes instructional programs for students, professional development programs, parent education/involvement programs, support service programs, etc. Programs must provide a minimum of 12 hours of participation. **Pilot year programs do not qualify.**

Strategy Must be a technique/practice impacting school management (e.g., scheduling, staffing, class size) or classroom instruction (e.g., classroom management, student grouping, cooperative learning, etc.) and implemented for at **least 2 years**.

Focus Area	Program	Mgmt. Strategy	Instructional Strategy	<i>Level</i>			
				Pre-K	Elem	MS	HS
Learning Standards							
<i>The Arts</i>							
<i>Career Development/ Occupational Studies</i>							
<i>English Language Arts</i>							
<i>Health, Phys. Ed., Home Economics</i>							
<i>Languages Other than English</i>							
<i>Math, Science, Technology</i>							
<i>Social Studies</i>							
Attendance/Drop-Out Prevention							
Curriculum Development							
Developing/Maintaining Partnerships							
Narrowing the Achievement Gap							
Parent Education/Involvement							
Planning Process							
Professional Development							
Providing for the Needs of All Students							
Violence							

2. Please “✓” the box indicating *how long* the program/strategy has been in place.

- 2nd year
 3-5 years
 6 or more years

Over Please

3. Only complete if you are submitting a “program” for review.

Is Your Program Ready for Review

Sharing Success is looking for programs which are **formalized, consistent, and systematic**. Program staff must have a clear understanding of the major purpose(s) of your program and its key components. **WHAT** does your program consist of and **HOW** is it implemented? To help you determine whether your program is ready to be reviewed by Sharing Success, please complete this checklist.

I

Questions	Program		Comments
	Yes	No	
<i>Program Design</i>			
Do you have clearly defined program goals/objectives that relate directly to the intended outcomes of the program?			
Do you have a theoretical framework for your program which literature documents as a useful approach?			
Have you specified the intended beneficiaries of the program?			
<i>WHAT: Program Curriculum/Process</i>			
Do you have a written curriculum/guidelines?			
Do you have defined methods/process/instructional practices which include learner and teacher/trainer activities?			
Do you have learner and teacher/trainer materials developed?			
Are there staff development activities to train staff in the program?			
<i>HOW: Program Implementation/Operation</i>			
Is there a location where the program is operating?			
Does the program offer more than 35 hours of treatment for the intended beneficiaries? If not, estimate the hours and note it in the <i>Comments</i> column.			
Are there defined roles for the implementers and participants?			
Are there minimum requirements for participation in the program?			

Over Please

4. **Program/Strategy Abstract (100-200 words)** Please summarize the need for the program/strategy, the target population served, and unique characteristics etc., in this space.

5. Please “✓” and ATTACH all existing *program/strategy materials* listed below which help describe your program/strategy in greater detail.

- | | |
|--|--|
| <input type="checkbox"/> Goals and Objectives | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Course Description | <input type="checkbox"/> Newspaper Article(s) |
| <input type="checkbox"/> Curriculum Guide/Syllabus | <input type="checkbox"/> Memo(s) |
| <input type="checkbox"/> Teacher’s Guide | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Brochure/Flyer | <input type="checkbox"/> No written materials are available at this time |

II. Results

6. Please “✓” the box(es) that describe the program’s/strategy’s *evaluation status*.

- No data exist to support the results of this program/strategy
- Some data exists: Surveys Achievement Data Other _____
- Our data have been summarized but not analyzed for tests of significance
- Local evaluation report available

Over Please

7 Please ATTACH any existing *evaluation materials* checked below.

- Locally developed instruments (e.g., sample copy of tests, surveys, rubrics, portfolio, record keeping form, or names of standardized instruments used)
- Summary of evaluation data collected
- Summary of evaluation data (tables, figures, etc.)
- Evaluation report/summary
- Summary of sampling procedures/methodology
- Evaluation plan/design
- No materials to forward but we are willing to gather data

8 Please indicate the *perceived areas of positive changes* produced by your program/strategy.

- a. Changes were perceived for:
- Students
 - Teachers
 - Parents
 - School organization/operation
- b. The changes were in the following area(s):
- Academic achievement (e.g., increased knowledge, improved skills)
 - Attitudes/behavior (e.g., improved attendance; decreased drop out rate; improved attitudes towards learning, subject, school, self or job; decrease in substance abuse; decrease in discipline problems)
 - School operation/management (e.g., improved cost effectiveness; expansion/efficiency of service delivery; increased participation rates; increased use of information services or resources)
- c. Other: _____

9. Please summarize the *perceived changes* due to your program/strategy in 2-3 sentences below.

III. Replication

10. Please “✓” the types of *costs involved in replicating* your program/strategy elsewhere.

- Staff: Training Additional Staff Needed
- Materials: One-time Purchase Consumable Materials Special Equipment
- Other Agency Involvement: Volunteers Partnerships Fees