

Sharing Success Application Cover Page for Out-of-State Programs

Title of Program: _____

Name of Applicant Agency and Address: _____

Contact Phone: _____ **Fax:** _____ **E-mail:** _____

This application is a public document and may be provided to and/or reviewed by other people.

If your program can demonstrate its effectiveness, the program will become part of the Sharing Success Dissemination system helping other educators to benefit from your program. Out-of-state programs must submit results-based research evidence to Sharing Success for recognition as a Research-based Program.

- A. Have your program components been fully developed and implemented?
- B. Can the essential components of your program be transferred successfully to another site?
- C. Do you have evidence that attests to the successful results of your program?

Please return this form to: Elizabeth Keefe, Research Assistant
Sharing Success Technical Assistance Center
The Westchester Institute for Human Services Research, Inc.
7-11 South Broadway, Suite 402
White Plains, NY 10601
(914) 682-1861 ext. 312
Fax: (914) 682-1760

Directions for Completing the Sharing Success Application Out-of-State Programs

1. Program Abstract

In 100-200 words, please summarize the content area, target population, and intended outcomes of the program. Note the unique characteristics of this program.

2. Research: Evaluation and Evidence

It is our intent that you **submit whatever evaluation documentation for this program that currently exists**. Please indicate if the program research has been published. Indicate the name of the journal, name of the article, date, volume number and pages. Include a copy of the article if you have one available.

3. Program Awards

If the program has been recognized by an external organization, please indicate the date, name of the award, name of the organization, and what the award was for if not evident in the name.

4. Replication Requirements

The goal of Sharing Successful Programs is to have proven programs replicated throughout the State. One consideration for replicators is the potential cost of implementing a program. Please consider what staffing, materials, equipment, community involvement, etc. costs might be required to implement your program and check the appropriate boxes.

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1. Program Abstract (100-200) words:

2. Research Evidence: Forward the following evaluation information to us.

- Evaluation Report/Summary**, including information
Name of Instruments used; or, indicate Locally Developed Instruments
Sampling Procedures
Research Design Selected
Significance of statistical analysis; indicate if educationally meaningful
() check here if tests of significance were not conducted
- Copy of Research Article**, if research was published
() check here if research has not been published

3. Program Awards: Please indicate below the date(s) and names(s) of award(s), if any, received by the program.

4. Replication Requirements: Please indicate the types of costs involved in replication.

- | | | | |
|----------------------------------|--|--|--|
| Staff: | <input type="checkbox"/> Training | <input type="checkbox"/> Additional Staff Needed | |
| Materials: | <input type="checkbox"/> One Time Purchase | <input type="checkbox"/> Consumable Materials | <input type="checkbox"/> Special Equipment |
| Other Agency Involvement: | <input type="checkbox"/> Volunteers | <input type="checkbox"/> Partnerships | <input type="checkbox"/> Fees |