

**Atlantic Community School District**  
**SCHOOL TO WORK PROGRAM REQUEST FOR ASSISTANCE/FUNDS**  
**(All requests should be turned into the STW Coordinator at least 2 weeks prior to activity/project date.)**

Date of request: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Date of proposed activity/project \_\_\_\_\_ (If unknown, give approximate date)

Description of activity/project/speaker

Funds requested: \$ \_\_\_\_\_ Assistance needed \_\_\_\_\_

Number of students impacted: \_\_\_\_\_

How will this activity, project, or speaker help prepare students for a career in the world of work?

How does this activity, project, or speaker fit into your lesson plan?

How do you plan to evaluate this activity, project, or speaker?

Would you be willing to attend a School-to-Work advisory meeting to share with the group your implementation and evaluation of your activity/project?    \_\_\_ Yes    \_\_\_ No

Of the 21<sup>st</sup> Century Student Outcomes listed below, check all that apply for this activity, project, or speaker:

- \_\_\_ Does the activity inspire creativity and innovation?
- \_\_\_ Does the activity require critical thinking and problem solving?
- \_\_\_ Does the activity require communication and collaboration?
- \_\_\_ Does the activity foster information literacy?
- \_\_\_ Does the activity foster media literacy?
- \_\_\_ Does the activity foster technology literacy?

Does the activity foster the following life/career skills?

- \_\_\_ Flexibility and adaptability
- \_\_\_ Initiative and self-direction
- \_\_\_ Social and cross-cultural skills
- \_\_\_ Productivity and accountability

.....  
\_\_\_\_\_  
(Building Principal Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School to Work Coordinator Signature)\*

\_\_\_\_\_  
(Date)

\_\_\_\_\_ Approved - indicates funds are available

\_\_\_\_\_ Denied - reason given

\*Signed form will be returned to both the building principal and the teacher