

LCSD Project Request Form

Please complete and return the ***Project Request Form*** to Robert Blake through our inter-office mail system. If your project is approved for implementation, you will be required to complete a ***Project Review Form*** once the project has been fully integrated into your instruction. These documents will be utilized as a reference for future project implementations. Please feel free to attach any additional supporting documentation.

Application Deadline: January 1

Name: _____ **Grade Level:** _____ **Date:** _____

Description of Project:

Please include in your description:

- estimated time frame for implementation
- how many students will be able to benefit from this project
- objective for implementing this project

Equipment requesting (please list):



What curricular area does this support?

What standards/performance indicators will be addressed through the implementation of this project?

How will this project be integrated into your daily instruction? (Circle all that apply)

Direct Instruction

Remediation/Reinforcement

Enrichment

Assessment

Simulation

Tutorial

Problem Solving

Critical Thinking

Other: _____

What types of Professional Development will you need to implement this project?

Are you willing to share/present your project with interested staff members?

