

Lansing School District Contract Deviation Restructuring Proposal

(The deadline for submission of Restructuring Proposals to the Deputy Superintendent for consideration by the Professional Council for the following school year is March 18th of the current school year)

School: _____ Date: ___/___/___

Points of Contact:

Building Administrator	Building SIT/Staff Chair	Building AR
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1. Describe the Restructuring Proposal (*Include program goals, objectives, and how other programs will be affected—will there be a reduction of another program and/or will there be a change in staffing, etc.*):

2. What are the costs and what are the resources needed for this program? What is the funding source?

3. Contract Areas Requiring Consensus Deviation:

Article Section	Brief Explanation
_____	_____
_____	_____
_____	_____
_____	_____

Association Representative's (AR's) certification that the SIT/Staff consensus:

_____ Total number of LSEA staff

_____ Total number of LSEA staff voting

_____ % of LSEA requesting the deviation from the Master Agreement of those voting occurred on:

Date: ____/____/____ Signature: _____
Building Association Representative

4. What will the evaluation procedure be for this proposal?

Student feedback information, quarterly reports, and teacher observations will not be considered for evaluation purposes.

Here are some things that you should consider: 1) What is the relationship of this plan/program to the District's Strategic Plan and to your building School Improvement Plan?; 2) What specific data will you use to measure the outcomes?; 3) What specific methods of measurement will you use to report the results?; 4) Who will be responsible for the collection of data, data entry, data analysis and preparation of the final report(s)?; 5) Who will supervise this plan/program and who will monitor the progress of it?; 6) What are the potential barriers to the success of this project?

The Deputy Superintendent (or Superintendents designee) certifies that the restructuring proposal has been thoroughly reviewed and coordinated with other departments and is recommended for approval.

Date: ____/____/____ **Signature:** _____

Professional Council Action:

Date: ____/____/____ **Co-chair Signature:** _____

Co-chair Signature: _____