

**JAMESTOWN PUBLIC SCHOOL DISTRICT SPONSORING ENTITY PROPOSAL APPLICATION**

**Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Organization Description and Mission**

Describe your sponsoring entity and its mission.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Description**

Describe your program. What is the experience you are offering to students? You should include information about the program schedule, program location(s) and how often students meet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Course Titles & State Course Code**

Please list the course title(s) and [course code\(s\)](#) for each course provided.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Teacher of Record Approval**

Please list a teacher of record who is employed by the school district, is licensed under [NDCC chapter 15.1-18](#), and has approved this proposal.

Name: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Proficiency**

For each course, explain how students will demonstrate proficiency. How will a student demonstrate they have attained the desired level of mastery?

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**Student Evaluation**

For each course, explain how your instructors will evaluate student progress. Do your students do projects or performances which can be evaluated? Do your students take tests or submit some kind of written work? Do your instructors determine mastery by careful observation of student participation in your program? These methods are some examples of acceptable assessment practices. Describe what you will do in order to confirm student proficiency.

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**Affirmation of Content Standards**

- I affirm that the course(s) meets course content standards, as determined by the Superintendent of Public Instruction.

**Acknowledgement**

I certify that the information included on this form is accurate to the best of my knowledge. I acknowledge that I have read, understand, and agree to comply with all relevant school board policies, including those relating to student education records and privacy. I understand and agree that failure to comply with any of the district's policy requirements may cause the partnership with the District to end and denial of future requests to participate in this program.

\_\_\_\_\_  
Sponsoring entity signature

\_\_\_\_\_  
Date

**FOR DISTRICT USE ONLY – DO NOT WRITE BELOW THIS SECTION**

Approved

Denied

Date: