

	<p>River Bend Area Learning Center 1315 S Broadway Street New Ulm, MN 56073 ph(507) 359-8780 fax (507) 359-1586</p>
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Targeted Services Proposal (Grades 1-8)

School District _____

School Building Hosting Program: _____

Contact Person: _____ email: _____

Dates for Program: _____ to _____ Number of Students _____

Number of Days : _____ (circle days) Mon. Tues. Wed. Thurs. Fri.

Grade/s served: _____ Hours Per Day: _____ **Total Hours per Program:** _____

Daily Starting and Ending Time for Students: _____ to _____

Teacher	email	Grade/Class

Please indicate if one teacher will be taking attendance for all or if each individual teacher will take their own attendance.

____ One Teacher (Name _____)

____ Each individual

Purpose of Program:

Description of Instructional Strategies:

Measures of Success: (Tests, quizzes, papers, presentations, projects)

