Information Needed to Complete a Wishlist Item

Provider:___________________________________________________________

Program Name:______________________________________________________________________________

Format: Use the drop down menu to select either On Campus or Field Trip

Time Frame: This should be set to During School Day

Allocation:

For Learning Partners programs with Fine Arts TEKS use this fund:
School Name/2016-17 Dallas ISD Fine Arts Fund

For Science and Social Studies programs with Science and Social Studies TEKS use this fund:
School Name/2016-2017 Dallas ISD Science and Social Studies Fund

Site Coordinator Team Name, Phone and Email: This should automatically fill in based on the allocation chosen. If the information is incorrect, please update.

Grades: Check all applicable

Learning Objectives: Please enter student learning goal(s)

Preferred Date/Time: When you would like to schedule the program

Excluded Dates/Time: Dates you cannot schedule (e.g. testing, holidays, early release)

Start and End Dates: This is a preferred date range for the program

# of Hours Per Student: ____________________________________________

# of Workshops: ________________________________________________

Workshops are add-on sessions; most programs do not offer these, so set to 0

# of Classes: __________________________________________________

# of Students: __________________________________________________

Total # of students expected to attend program

# of School Staff: ______________________________________________

# of teachers, teachers aides, etc.

# of Non-Teachers: _____________________________________________

# of adult chaperones, parents, non-school personnel

*Please remember the Dallas ISD field trip chaperone rule that requires 1 adult for every 10 students. Additionally, review the providers requirements for chaperones listed in the program description.

Fee Information: Will automatically fill in based on program

Estimate Program Amount: _______________________________  Anticipated total program cost

School Funding: ___________________________________________________  Amount school will pay directly to program provider

If you would like to use your allocation money to have Learning Partners pay for the transportation:

Provider: Select Dallas County Schools as bus provider

Transportation Cost: To determine the total cost for buses, please use the worksheet found on page 23 as your guide.

Program Amount Requested: The website will automatically calculate the amount you are requesting Learning Partners to pay or the total cost minus the amount that the school is paying.

www.bigthought.org/LearningPartners