



SAN MATEO COUNTY SCHOOL BOARDS ASSOCIATION
J. RUSSELL KENT EXEMPLARY PROGRAM AWARD

2009-2010 APPLICATION

PROGRAM TITLE: _____

DISTRICT: _____

SCHOOL: _____

PROGRAM LOCATION: _____

PROGRAM TEACHER(S)/COORDINATOR(S): _____

NAME(S) TO BE INCLUDED ON PLAQUE AND ANY PUBLICITY:

CONTACT PHONE # _____ **EMAIL ADDRESS** _____

YEAR PROGRAM ORIGINATED: _____

PROGRAM TYPE: CLASSROOM NON-CLASSROOM JOINT *
(Please check one)

NUMBER OF STUDENTS INVOLVED: _____

GRADE LEVEL: ELEMENTARY _____, MIDDLE/JUNIOR HIGH _____, HIGH SCHOOL _____, OTHER _____

APPROVAL: This application has been reviewed and approved for submittal to the Kent Award Program by the superintendent and board president. Signatures below:

Superintendent: _____ Date: _____

Board President: _____ Date: _____

* If this is a Joint Program Application, please have this page duplicated and signed by all appropriate Superintendents and Board Presidents.

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2009-2010

PROGRAM DESCRIPTION

PROGRAM TITLE: _____

SCHOOL DISTRICT: _____

Using the screening rubric as a guide, explain the program below. Please address all areas of the rubric (Goals, Program Description, Evidence of Student Success and Program Assessment, Innovation, Transferability and Communication.)

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2009-2010

PROGRAM SUMMATIVE STATEMENT

PROGRAM TITLE: _____

SCHOOL DISTRICT: _____

Describe your program in 100 words or less. *The description will be used in the Kent Awards brochure and in news release(s).*