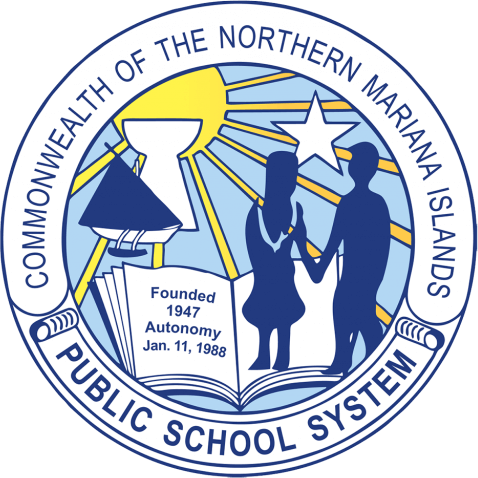
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# SY 2025-2026 Extended Year Learning Program Plans and Activities

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

|  |  |  |
| --- | --- | --- |
| * **Earliest ELO Application Submission Date: September 30, 2025** * **Earliest ELO Start Date (if approved): October 27, 2025** * **Last ELO Application Submission Date for SY25-26: February 2026**   **Note:**  **For all ELO submissions, please email Mr. Asapmar Ogumoro, Dr. Rizalina Liwag, Ms. Madel Tenorio, Ms. Jacqueline Che, Ms. Marian Tudela and your respective school administrators.** | | |
| **SMART Goal** *(Enter school’s SMART goals that are:* ***S****pecific,* ***M****easurable,* ***A****chievable,* ***R****elevant, and* ***T****ime-bound)* | | |
| **Title & Description** *(Enter brief details about what the title of the summer program means)* | | |
| **Establish Need for this Project** *(Enter the Needs Assessment, STAR Results, and Other Data; explain how the activities connect to the need of the project)* | | |
| **Program Schedule**  **(No Mondays, Sundays, or Holidays)** | *(Enter dates of the program, e.g., Five-week Summer Program. June 22 to July 24, 2026;* ***including 4-hours of daily instruction & 2-hours of instructional preparation)*** | |
| **Curriculum** | *(Enter the HQIM Curriculum and Supplementals to be used for instruction)* | |
| **Personnel** | *(Enter the name, title/position and the number of Highly-Qualified Teachers (HQTs), Non-HQTs, Teacher Aides, Special Education Teachers & Teacher Aides, Counselors, Title I Teachers, Instructors, Librarians, Tutors, etc)*  *(Note: If there are contingency or alternative teachers for back up, please indicate)*  *(Note 2: A prior approval from the Federal Programs Officer is required before any Title I Teachers (Independent Contractors) may be included in any extended learning programs)* | |
| **Target Student Population & Grade Level** | *(Enter the population to be served, e.g., students at risk of failing academically or behaviorally, struggling two-grade levels behind in assessments, low-income children or students, students with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and children and youth in foster care).*  *(Note: All extended learning programs must maintain a minimum of seven (7) students in their daily roster to receive a pay differential)* | |
| **Budget Narrative** | | |
| **Personnel and Fringe Benefits** | *(Enter teacher/instructors/counselors/librarians/tutors @ BOE approved rates)* | |
| **Supplies** | *(Enter what consumable materials will be required during the program)* | |
| **Transportation** | *(Enter the number of bus drivers and cost for the program)*  *\*\*\*hyperlink the form\*\*\** | |
| **Others** | *(Enter what services or community partnerships will be required during the program)* | |
| **School SIP ELO Approved Budget** | *(Enter total amount of approved SY25-26 budget amount)* | |
| **Total Amount Requested** | *(Enter total amounts in itemized form)* | |
| **Progress Monitoring** | | |
| **Activity** | **Measure** | **Outcome** |
| *(Enter specific learning lessons students will engage in during the program)* | *(Enter the assessment or data collection tool to monitor progress of program)* | *(Enter what goal or attribute students will have gained at the end of the program)* |

**SY 25-26 Extended Year Learning Program Plans and Activities**

**(Signature Page)**

**The following proposal submitted by (School)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is intended for the 2025-2026 Extended Learning Programs (Credit Recovery and Enrichment Programs). Please review and forward the proposal in sequential order. Upon approval, all programs are subject to ELEOT Observation as the district’s means of evaluation purposes. All requests for payment will be the responsibility of each individual school.**

**Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Administrator [Print Name & Sign]**

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OCI Program [Print Name & Sign]**

**Concurred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OCI Senior Director [Print Name & Sign]**

**Concurred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Programs Officer [Print Name & Sign]**

**Extended Learning Opportunity Feedback Form**

**School Year 2025 - 2026**

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

|  |  |  |
| --- | --- | --- |
| **ELO Sections** | **Feedback from OCI / FPO** | **Feedback Response from School** |
| **Application Format:**   1. **Includes *Memo to FPO, OCI*** 2. **Using *latest Template*** 3. ***Signature Page signed / dated*** |  |  |
| **Smart Goals:** |  |  |
| **Title and Description:** |  |  |
| **Established Need for the Project:** |  |  |
| **Program Schedule:** |  |  |
| **Curriculum:** |  |  |
| **Personnel Listing:** |  |  |
| **Target Students & Grade Level:** |  |  |
| **Budget Narrative (Personnel)** |  |  |
| **Budget Narrative (Fringe Benefits)** |  |  |
| **Budget Narrative (Supplies)** |  |  |
| **Budget Narrative (Others)** |  |  |
| **Budget School SIP Approved Budget:** |  |  |
| **Budget Total Amount Requested:** |  |  |
| **Progress Monitoring (Activities)** |  |  |
| **Progress Monitoring (Measures)** |  |  |
| **Progress Monitoring (Outcomes)** |  |  |
| **Reviewers (OCI, FPO)** |  |  |

# SY 25-26 Extended Year Learning After-Action Report

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

|  |  |
| --- | --- |
| **Program SMART Goal** *(Enter school’s SMART goals that are:* ***S****pecific,* ***M****easurable,* ***A****chievable,* ***R****elevant, and* ***T****ime-bound)* | |
| **Program Title & Description** *(Enter brief details about what the title of the summer program means)* | |
| **Establish Need for this Project** *(Enter the Needs Assessment, STAR Results, and Other Data; explain how the activities connect to the need of the project)* | |
| **Program Successes** | |
| **Student Attendance** | *(Enter details of student attendance successes e.g. percentages achieved)* |
| **Student Academics** | *(Enter details of student academic successes e.g. assessments, post-test results, etc)* |
| **Student Behavior** | *(Enter details of student behavioral successes e.g. student disciplinary improvements, etc)* |
| **Logistics** | *(Enter details of implementation successes e.g. materials, transportation, weather, etc)* |
| **Staff** | *(Enter details of instructional personnel successes e.g. attendance achieved)* |
| **Program Challenges** | |
| **Student Attendance** | *(Enter details of student attendance challenges e.g. percentages achieved)* |
| **Student Academics** | *(Enter details of student academic challenges e.g. assessments, post-test results, etc)* |
| **Student Behavior** | *(Enter details of student behavioral challenges e.g. student disciplinary improvements, etc)* |
| **Logistics** | *(Enter details of implementation challenges e.g. materials, transportation, weather, etc)* |
| **Staff** | *(Enter details of instructional personnel challenges e.g. attendance achieved)* |
| **Program Recommendations** | |
| **Student Attendance** | *(Enter details that can improve challenges of student attendance mentioned above)* |
| **Student Academics** | *(Enter details that can improve challenges of student academics mentioned above)* |
| **Student Behavior** | *(Enter details that can improve challenges of student behavior mentioned above)* |
| **Logistics** | *(Enter details that can improve challenges of logistics mentioned above)* |
| **Staff** | *(Enter details that can improve challenges of staffing mentioned above)* |
| **Other Comments / Concerns** | *(Enter details that cannot be measured by the sections above)* |
| **Conclusionary Remarks** | *(Enter overall reactions and final thoughts towards this program after it has concluded)* |