



WESLACO INDEPENDENT SCHOOL DISTRICT
FEDERAL PROGRAMS DEPARTMENT

609 E. 6th Street
Weslaco, TX 78596
(956) 969-6914

Program Design Form

Campus Name: _____

Program Start Date: _____ **End Date:** _____

Specify Program:

☐ Extended Day ☐ Saturday School ☐ STAAR Mentor

Program Days (Check all that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Program Time: From _____ p.m. To _____ p.m.

Targeted Student Population (Check all that apply):

☐ ESL/Bilingual ☐ At-Risk ☐ Migrant ☐ Special Education (SPED) ☐ Other: _____

Estimated Staffing Cost

Final staffing may be adjusted based on budget availability.

Please include the **number of teachers** you estimate needing: _____

Total number of days program will be offered: _____

Number of hours per day: _____

Program Narrative

1. Purpose of the Program (Include goals and objectives):

2. Description of how the program supplements regular instruction:

3. Eligibility Criteria for Students:

4. How will the program reduce the dropout rate?

5. How will the program increase achievement for at-risk students?

6. Curriculum and Instructional Strategies Used:

7. How will the program be evaluated?

Principal Signature: _____ Date: _____

⚠️Important Notes

- All **State Compensatory Funds** must directly support students identified as **at-risk** or **economically disadvantaged**.
- **Snacks are not allowed** and must be funded using **local funds only**.
- A copy of the **SAIP** (Student Achievement Improvement Plan) must be attached.

FOR FEDERAL PROGRAMS OFFICE USE ONLY

Signature: _____ Date: _____

☐ Approved ☐ Not Approved

Funding Source: _____

Account Number: _____