

Provisional At-Risk Program/Practice Application for Districts

The Provisional At-Risk Program/Practice Application allows school districts to request provisional authorization for the use of at-risk funds on programs and practices not currently listed on the Approved List of State At-Risk Evidence-Based Programs and Practices List, per K.S.A. 72-5153. A copy of the current list can be found [here](#).

The provisional authorization process provides districts with the opportunity to implement innovative programs while building evidence of their effectiveness for at-risk Kansas students.

If you would like to view the application before completing it, a PDF version of the full application is available [here](#).

Once provisional authorization is granted, school districts may use at-risk funds to implement the approved program or practice for **up to three school years** without submitting a new provisional application.

During this three-year period, school districts should submit annual data to KSDE that demonstrate the effectiveness of the program or practice on their identified at-risk student population. The annual data collection is intended to support the evaluation and continuous improvement of programs and practices used to serve at-risk students. Submitted data will not be used for accountability purposes. Rather, the information provided helps KSDE determine whether a program or practice demonstrates sufficient evidence of effectiveness for statewide approval.

To submit your annual data, please use the following form:

[Provisional At-Risk Program/Practice Annual Data Submission Form](#) (Open annually from May 1st through August 31st)

At the conclusion of the three-year provisional period, KSDE will review the submitted data to determine whether the program or practice should be recommended to be added to the Approved List of State At-Risk Evidence-Based Programs and Practices by the State Board of Education. If the program/practice is added to the approved list, school districts will no longer need to complete the annual data submission or apply for a provisional approval. If the program/practice is not added to the list, districts will need to reapply using the provisional application form if they wish to continue to use at-risk funding for the program/practice.

If you have any questions regarding the application or provisional approval process, please email stateatrisk@ksde.gov.

Click “Next” to begin the application.

Provisional At-Risk Program/Practice Application for Districts

Applicant Information

* 1. Please select the school district in which you work.

* 2. Submitter Information

Current Role

First name

Last name

* 3. Email Address

Email address

* 4. Phone

Country code

Phone number

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Program/Practice Information

* 5. Program/practice name for consideration:

Program and Practice Definitions

Program: a structured, organized intervention that includes defined components, resources, and often a prescribed model for implementation. Programs are typically available through a vendor or organization and have a specific name, materials, training requirements, or curriculum.

Practice: a specific instructional, behavioral, or organizational strategy used by educators to improve student outcomes.

* 6. Using the definitions above, how would you classify the program/practice you are applying for?

☐ Program

☐ Practice

* 7. Program/Practice Website URL:

* 8. In what subject/content area is this program/practice designed to help?

☐ Literacy/Reading/ELA

☐ Mathematics

☐ Science

☐ Social-Emotional Learning

☐ Social Studies

☐ English Language Learners

☐ Teacher Pedagogy

☐ Other (please specify)

Publisher Information

* 9. Complete name of publisher of program/practice:

* 10. Publisher website URL:

* 11. Year of publication:

* 12. Is this program/practice on the current At-Risk Evidence-Based list? A copy of the current At-Risk Evidence-Based List is linked below.

☐ Yes

☐ No

Resource: [Approved At-Risk Evidence-Based List](#)

* 13. To the best of your knowledge, was this program/practice on a prior At-Risk Evidence-Based list?

☐ Yes

☐ No

☐ I do not know

* 14. Is this program/practice approved by the [International Multisensory Structured Language Education Council](#)?

☐ Yes

☐ No

* 15. Is this program/practice approved by the [International Dyslexia Association](#)?

☐ Yes

☐ No

* 16. If granted provisional approval, in which school year will you begin using at-risk funds for this program/practice?

☐ 2026 - 2027

☐ 2027 - 2028

☐ At-Risk funds are already being used for this program/practice

* 17. What is the approximate amount of at-risk funds you are planning to spend for this program/practice?

* 18. What is the purpose of the program/practice you are wanting to implement in your district?

* 19. Why did you select this program/practice to accomplish the purpose you stated in the prior question? What evidence, data, or other factors led to the selection of this program?

* 20. Use this link to upload the evidence, research, or data used to select this program/practice. This could include peer-reviewed research of the program/practice, internal reports of the program/practice within your district, or other evidence used in your decision-making process. Documentation should be uploaded as a pdf file.

Choose File

Choose File

No file chosen

* 21. Do you have any additional supporting documentation? Up to 2 uploads will be accepted.

☐ Yes

☐ No

22. Supporting documentation #1

Choose File

Choose File

No file chosen

23. Supporting documentation #2

Choose File

Choose File

No file chosen

* 24. How does the implementation of this program/practice align with your district's school improvement efforts?

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Implementation

* 25. What are the criteria for the at-risk students who will participate in this program/practice? Check all that apply.

- ☐ Students are not working on academic grade level
- ☐ Students are not meeting the requirements necessary for promotion to the next grade; is failing subjects or courses of study
- ☐ Students are not meeting the requirements necessary for graduation from high school (e.g., potential dropout)
- ☐ Students have insufficient mastery of skills or are not meeting state standards
- ☐ Students have been retained
- ☐ Students have a high rate of absenteeism
- ☐ Students have repeated suspensions or expulsions from school
- ☐ Students are homeless and/or migrant
- ☐ Students are identified as English Language Learners
- ☐ Students have social emotional needs that cause them to be unsuccessful in school
- ☐ Students are identified as students with dyslexia or characteristics of dyslexia
- ☐ Students are foster care students or otherwise in the custody of the secretary for children and families

* 26. In what grade levels are you planning to implement the program/practice? Check all that apply.

- ☐ PreK
- ☐ K
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12

* 27. In which tier of support will the program/practice primarily be utilized?

- ☐ Tier 1 (Universal Support)
- ☐ Tier 2 (Targeted Support)
- ☐ Tier 3 (Intense Intervention)
- ☐ Not Applicable

* 28. How many students would you estimate will be included in the program/practice?

* 29. Primarily, individuals in what role will implement the program/practice?

- ☐ Building Administrators/Principals
- ☐ Classroom teachers
- ☐ Special education teachers
- ☐ English learner (EL/ESOL/ELL) teachers or specialists
- ☐ Instructional specialists/interventionists/coaches (e.g., literacy coach, instructional coach, reading/math interventionist)
- ☐ School counselors
- ☐ School psychologists/social workers
- ☐ Related service providers (e.g., speech-language pathologist, occupational therapist, physical therapist)
- ☐ Paraprofessionals/classroom support professionals
- ☐ Library/media specialists
- ☐ Nurse/health services
- ☐ Other (please specify)

Professional Development

* 30. Is professional development available through the publisher of this program/practice?

- ☐ Yes
- ☐ No

* 31. Are you planning to provide professional development for the implementation of this program/practice?

- ☐ Yes
- ☐ No

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Professional Development Plan

* 32. When will the professional development for this program/practice begin to be provided to staff?

* 33. Who will be designing, leading, and/or performing the professional development?

* 34. Approximately how many staff members will receive the professional development?

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Data Collection and Analysis Plan

As part of the at-risk legislation, any provisional program "implemented by a school district shall be subject to school district review while such program is implemented in the school district to evaluate whether the program is producing or likely to produce measurable success" (K.S.A. 72-5153). The items on this portion of the survey are designed to assist in your evaluation process.

* 35. How do you plan to assess whether the program/practice is being implemented as intended? Select all that apply.

- ☐ Classroom/program observations
- ☐ Implementation/fidelity checklists
- ☐ Staff self-reports or reflections
- ☐ Review of implementation artifacts (lesson plans, documentation, etc)
- ☐ Student feedback
- ☐ We do not plan to formally assess implementation fidelity
- ☐ Other (please specify)

* 36. What type of outcomes will you use determine whether the implementation of this program/practice has been successful? Select all that apply.

- ☐ Student academic achievement
- ☐ Student engagement/participation
- ☐ Student behavior
- ☐ Student social-emotional well-being
- ☐ Teacher Instructional Practices
- ☐ Other (please specify)

* 37. What instruments will you use to measure and assess whether the program/practice is successful? (e.g., Diagnostic exams, KAP assessments, attendance records, etc.)

* 38. How do you plan to isolate and analyze the data for the identified at-risk students that this program/practice is being implemented to assist?

* 39. If possible, how will you compare the effectiveness of this program/practice for at-risk students compared to non-at-risk students? If this is not possible, explain why not.

* 40. Using the selected outcomes, instrument(s), and analysis techniques listed above, create a "baseline" or "trendline" for the selected at-risk population from your most recent data. Using a sentence or two, state the baseline/trend of your measured construct. Be sure to identify the school year the data is from.

* 41. Upload the data utilized to create your baseline/trendline. If the data set includes all students, please compare the selected at-risk students to non-at-risk students. Do not include any personally identifiable information. Documentation should be uploaded as a pdf file.

Choose File

Choose File

No file chosen

* 42. Do you have any additional supporting documentation? Up to 2 uploads will be accepted.

☐ Yes

☐ No

43. Baseline supporting documentation #1

Choose File

Choose File

No file chosen

44. Baseline supporting documentation #2

Choose File

Choose File

No file chosen

Using the baseline you established above, please develop three measurable goals for this program/practice. Consider the year in which the baseline data were collected to be Year 0.

Create one goal for each of the next three years (Year 1, Year 2, and Year 3). Each goal should include:

- The school year (e.g., 2026-2027)
- The outcome or measure being assessed (including the instrument or data source)
- A specific, measurable performance target (i.e., the threshold that will indicate success)

Example: *By the end of the 2027-2028 school year, the percentage of at-risk students scoring a 1 on the state reading assessment will decrease from the Year 0 baseline of 30% to 25%.*

Note: The goals you establish in this section are intended to support the planning, implementation, and continuous improvement of this program/practice. They provide annual benchmarks that can help your team monitor progress, celebrate successes, and identify opportunities for adjustment. These goals are not required, nor will they be used for accountability purposes, and there are no consequences if a goal is not achieved. Instead, they are intended to encourage thoughtful planning and ongoing reflection throughout the implementation process.

45. Year 1 Goal:

46. Year 2 Goal:

47. Year 3 Goal:

The evaluative data for this program/practice should be submitted to KSDE annually for three years following the implementation of the provisional program/practice.

At the conclusion of the three years, KSDE will use the submitted data to determine if the program/practice will be recommended to be added to the Approved List of State At-Risk Evidence-Based Programs and Practices by the State Board of Education. If the program/practice is added to the approved list, school districts will no longer need to complete the annual data submission or apply for a provisional approval. If the program/practice is not added to the list, districts will need to reapply using the provisional application form if they wish to continue to use at-risk funding for the program/practice.

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* 48. Please selected "Finished" below and click "Done" to submit the application for review.

☐ Finished