

Alternate Evidence-based Option Form

Contact Name _____

Contact Phone Number _____

Contact Email Address _____

School System _____

Priority & Focus Area **Academics** ▾

Provide a brief summary of the alternate option your school system would like to implement.

Note that this form is required even for those items identified as approved LDOE activities.

Assurances

The evidence being provided meets one of the following two criteria (select either a or b):

- A: Demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on one of the following 3 types of evidence. (Note: evidence provided meeting this criteria is eligible for funding in Super App)
- i. Strong evidence from at least 1 well-designed and well-implemented experimental study
 - ii. Moderate evidence from at least 1 well-designed and well-implemented quasi-experimental study
 - iii. Promising evidence from at least 1 well-designed and well-implemented correlational study with statistical controls for selection bias
- B: Demonstrates a rationale based on high-quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes and includes ongoing efforts to examine the effects of such activity, strategy, or intervention. (Note: CIR/UIR-A plan may be approved **but funding will not be provided** for an initiative with this level of evidence).

LDOE Review (For LDOE-use Only)

Reviewer name(s): _____

Reviewer email address(es): _____

Approval Status: _____

Reviewer Notes: _____