



## Early Middle College Application Review Form

Official Name of EMC:

Program    High School    Consortia Coordinated Agency

Grades EMC will serve:    9-13    10-13    11-13    Other

Primary College Partner:

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Recommended Approval Status:

- Yes, send approval letter
- Yes, send approval letter after coaching
- Hold, coaching required

Reviewer Signature:

Date:

COMMENTS:

SAMPLE ONLY

<b>SECTION</b>	<b>ITEMS MISSING</b>	<b>ALL BLANKS FILLED IN</b>	<b>COMMENTS/CONCERNS/MISSING INFORMATION</b>
<b>SECTION 1 &amp; 2</b> Cover Page & EMC Characteristics	<input type="checkbox"/> Items missing on cover page, missing attachments, characteristics of EMC not complete.	<input type="checkbox"/> All blanks filled in.	
<b>SECTION 3</b> District Profile Information	<input type="checkbox"/> Items missing.	<input type="checkbox"/> All blanks filled in.	
<b>SECTION 4</b> County degree attainment, F/RL	<input type="checkbox"/> Items missing.	<input type="checkbox"/> All blanks filled in.	
<b>SECTION 5</b> Revenue/Expense Projection	<input type="checkbox"/> Items missing.	<input type="checkbox"/> All blanks filled in.	

SECTION	ITEMS MISSING	ALL BLANKS FILLED IN	COMMENTS/CONCERNS/MISSING INFORMATION
<p><b>SECTION 6</b> Power of Site</p> <p>Students travel _____ miles one-way to get to the site of the college partner.</p> <p>What options do students have to be transported to college.</p> <p>How will EMC students have access to food services include Free/Reduced Lunch (F/RL).</p>	<p><input type="checkbox"/> Students will not have an opportunity to take courses on a college campus.</p> <p>Only option for transportation is student provided or very limited options for transportation assistance.</p> <p>No access to food services.</p>	<p><input type="checkbox"/> EMC located 100% on college campus; courses taught by professors; high school students mixed with adult learners.</p> <p>Transportation options.</p> <p>Food service available with F/RL Option.</p> <p>Estimation of % of online instruction included.</p>	
<p><b>SECTION 7</b> Professional Development</p>	<p><input type="checkbox"/> A few school and college staff plan to attend.</p>	<p><input type="checkbox"/> School and college staff plan to attend all or most of MEMCA PD. The plan also describes other relevant PD.</p>	

SECTION	ITEMS MISSING	ALL BLANKS FILLED IN	COMMENTS/CONCERNS/MISSING INFORMATION
<b>SECTION 8</b> Evidence Based Research	<input type="checkbox"/> Little or no thought given to alignment between evidence-based research and practice.	<input type="checkbox"/> Strategies are in alignment with noted research, planning and implementation evident.	
<b>SECTION 9</b> EMC Student Criteria/Eligibility	<input type="checkbox"/> No evidence/ limited (or disconnect with narrative) of targeting recruitment of intended population to first generation, Econ. Disadvantaged, underserved, underrepresented, underachieving EMC philosophy.	<input type="checkbox"/> Student recruitment considerations align with EMC philosophy. An intentional effort will be made to recruit students in the "middle".	
<b>SECTION 10</b> Barriers and Wrap Around Services	<input type="checkbox"/> No intentional plans to address barriers.  <input type="checkbox"/> Wrap around services are listed but they are traditional. Limited elaboration or innovation involved; and little consideration for the targeted population.	<input type="checkbox"/> Plans are robust and intentional to address barriers.  <input type="checkbox"/> Innovative, wrap around services chosen with the target population in mind.	

SECTION	ITEMS MISSING	ALL BLANKS FILLED IN	COMMENTS/CONCERNS/ MISSING INFORMATION
<b>SECTION 11</b> (OPTIONAL NOT REQUIRED TO COMPLETE) Any additional information	<input type="checkbox"/> No additional information provided.	<input type="checkbox"/> Additional information provided that may enhance EMC offerings or benefits to students.	
<b>SECTION 12</b> IF APPLICABLE CTE EMC	Does this EMC already have established state approved CTE program(s) at a high school or career center? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	<input type="checkbox"/> CTE program is identified, but application must be made.  <input type="checkbox"/> CTE program is approved and ready to launch as a part of the EMC.	
<b>SECTION 13-14</b> Participating Agencies & Additional Postsecondary Partners			Any participating agencies listed <input type="checkbox"/> Yes <input type="checkbox"/> No Additional college partners listed <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 15-16 &amp; SECTION 2</b> Assurances, Certifications, and Signatures  <b>Attachments – see page 2 in app</b>	<input type="checkbox"/> Missing signature(s) If CTE must have the approved MDE CEPD signature.  <input type="checkbox"/> Some Missing	<input type="checkbox"/> All applicable signatures provided.  <input type="checkbox"/> All Included	<b>Please list in comments on page one of this form which attachments or signatures are missing. Include Board meeting date if it has not met.</b>