



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
OFFICE OF CHIEF ACADEMIC OFFICER

## Program Conversion/Closure/Modification

Choose one only:

- Conversion
- Closure
- Modification

The purpose of this form is to provide a consistent process for Area and District personnel to be aware of any program conversions/closures/modifications in schools or departments. Complete the entire form and attach all supporting documents. After the form has been signed by the Principal, School Advisory Council Chair, and the Area Superintendent, send the form to the Director of Choice and Career Options.

Program Title	School
Project Manager/Contact Person	Principal

### Description of Program

Provide brief description of the program status including present enrollment, facility description and condition, length of time program in operation, number of teacher(s) involved, etc. **NOTE** : If a request for a conversion to a new program is being made, a Program Description and Literature Review/Needs Assessment, required by Research and Evaluation, must accompany this form prior to being placed on the Review Committee Agenda.

### Reason(s) for Conversion/Closure/Modification (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Low enrollment   | <input type="checkbox"/> Inadequate facilities                           |
| <input type="checkbox"/> Program objectives have been met   | <input type="checkbox"/> Loss of Funding                                 |
| <input type="checkbox"/> Program objectives have NOT been met   | <input type="checkbox"/> Change in structure due to Class Size Amendment |
| <input type="checkbox"/> Qualified staff has not been available   | <input type="checkbox"/> Change from In-House to Choice                  |
| <input type="checkbox"/> There has been a significant deviation from program criteria   | <input type="checkbox"/> Change from Choice to In-House                  |
| <input type="checkbox"/> There has been too little or no progress toward completing the approved scope of work noted in the original Program Proposal | <input type="checkbox"/> Other _____                                     |

### Rationale for Conversion/Closure (Include impact on staff, students, and community)

### Budget and Resource Information

- Is the program government mandated?  Yes  No  Not Applicable
- Date program began \_\_\_\_\_
- Will the program be closed during or after the current school year?  Yes  No
- Is the program funded by a grant?  Yes  No  
If yes, indicate grant time frame for completion. \_\_\_\_\_
- Indicate the initial start-up costs (personnel, equipment, supplies) and any estimated closing costs. \_\_\_\_\_ Start up \_\_\_\_\_ Closing
- Indicate the equipment/materials available as part of the program:

- Can the equipment be transferred to another school/site?  Yes  No  Not Applicable
  - Are you able to assist in the movement of the equipment?  Yes  No  Not Applicable
- If yes, Transfer of Property PBSB 0082 form must be completed by sending and receiving schools.



**Program Conversion/Closure/Modification continued**

Program Title

**Budget and Resource Information** ( continued from page 1)

7. Indicate the number of staff members assigned to this program: \_\_\_\_\_
- a) Can the staff be absorbed into school budget based on available positions?  Yes  No  Not Applicable
- b) If yes, indicate those available positions

8. How will vacated space be utilized at your school/site?

9. If additional funding is sought for a conversion or modification of a program, attach a detailed budget worksheet that addresses the following:

- a) Indicate initial start-up budget (1st fiscal year) request by funding source:

Operating Budget (i.e. additional staffing, supplies, staff development)  
 Capital Project (i.e. equipment, facility renovations, remodeling)  
 Grant Budget (if applicable)

- b) Provide a five-year projected budget by the aforementioned funding sources. Fiscal year one should be a restatement of the initial start-up budget provided above.

**Information Technology Information**

Will there be additional technology requirements or excess technology?  Yes  No  Not Applicable

If Yes, list requirements for additional or excess technology.

**Planning Department and Facilities Management Information**

Will there be additional space or remodeling requirements?  
 If yes, check one or more of the statements below.

- verified that required modifications can be accomplished within the required time frame
- provided an estimated cost for improvements and/or a conversion to usable space for an existing facility
- verified that there are or will be sufficient funds for the improvements

**Legal Services**

Does the program conversion/closure require review?  Yes  No

**Other Department Information**

Indicate the Department(s) below that have been or will be involved in the conversion/closure of this program:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Boundaries                               | <input type="checkbox"/> Facilities Services                                | <input type="checkbox"/> Multicultural Education           |
| <input type="checkbox"/> Certification/Highly Qualified Standards | <input type="checkbox"/> Federal/State Programs                             | <input type="checkbox"/> Planning and Real Estate Services |
| <input type="checkbox"/> Choice and Career Options                | <input type="checkbox"/> Human Resources                                    | <input type="checkbox"/> Secondary Curriculum              |
| <input type="checkbox"/> Educational Technology                   | <input type="checkbox"/> Instructional Materials and Library Media Services | <input type="checkbox"/> Transportation Services           |
| <input type="checkbox"/> Elementary Curriculum                    |   |  |
| <input type="checkbox"/> ESE                                      | <input type="checkbox"/> IT (Customer Support)                              |  |



**Program Conversion/Closure/Modification continued**

Program Title
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**Budget Information for Conversion/Closure/Modification**

1. Exhibit A: One-time start-up costs (e.g., equipment, building modification)

Item Description	Item Cost
<b>Total</b>	0

2. Exhibit B: Annual (recurring) Operating Cost of Program (e.g., personnel, supplies)

Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Total
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
<b>Totals</b>	0	0	0	0	0	0



**Program Conversion/Closure/Modification continued**

Program Title

When you click on the Submit button you will be given an opportunity to add additional comments, further recommendations, or any other pertinent information. This information will follow the form from person to person and becomes a permanent record of the form. *In order to complete your review, you must sign and route form to next signer.*

**School Principal or Department Head**

Signature of School Principal or Dept. Head

**School Advisory Council Chair**

Signature of School Advisory Council

**Area Superintendent**

Signature of Area Superintendent

**Director of Choice Programs**

Signature of Director- Choice Programs

**Program Proposal Review Committee**

Signature of Committee Chair

**Chief Academic Officer (if applicable)**

Signature of Chief Academic Officer

**Chief Operating Officer (if applicable)**

Signature of Chief Operating Officer (if applicable)

**Superintendent/Designee (if applicable)**

Signature of Superintendent (if applicable)

**How to attach a file**

**How to route a form**

**Attach a File**

Submit [dropdown arrow] Go

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