The Organization and Programs

1) Who is the individual from your organization that should receive ESE's response to this needs assessment?*

Name: _________________________________________________
E-mail: _________________________________________________

2) Sponsoring Organization*

_____________________________________________________

Evidence of Need, Meeting the Need, Filling the Need

4) Which of the following categories does your organization have evidence to demonstrate the need for this/these program(s) to operate in Massachusetts? (select all that apply)*

[ ] District need
[ ] Candidate interest
[ ] Diversity of the workforce
5) Provide evidence to demonstrate that Massachusetts public school districts have a need for this program to operate in Massachusetts.*

6) Provide evidence to demonstrate candidates will enroll in the program at your Sponsoring Organization.*

7) Provide evidence to demonstrate the program will produce diverse completers such that the diversity of the workforce will increase if this program operates in Massachusetts.*

8) Provide evidence to demonstrate this program should operate in Massachusetts because program completers will have an exceptionally positive impact on outcomes for PK-12 students.*
9) Provide evidence to demonstrate your organization’s ability to meet/fill the area of need indicated above in Massachusetts.*

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10) Provide evidence to demonstrate your organization’s ability to recruit, enroll, and complete candidates in this program.*

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________________________________________________________________________

Optional: Provide up to three additional documents pertaining to need:

Please provide a brief rationale for why you are including these supplemental documents in the "Comments" box below.

_______1

_______2

_______3

Comments:
Thank You!