

**MISSISSIPPI DEPARTMENT OF EDUCATION – BUREAU OF PROGRAM EVALUATION
EVALUATION REQUEST FORM**

Revised 4/21/15

This form is to be completed prior to submitting a request for proposal/contract/grant for an external evaluation.

Requesting Office	
Office Contact(s)	
Policy/Program to be Evaluated (Short Title)	

Has Policy or Program Been Evaluated in the Past Five (5) Years? Please include all applicable reports.

Yes (Attach)		No	
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Detailed Description of Policy or Program:

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Detailed Description of the Need to Evaluate the Policy or Program:

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Is this evaluation request for a current award period? If not, which award period should be evaluated?

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Total Cost/Amount of Grant Award (Attach Detail)	
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Source of Funding (Check all that apply):

State		Federal		Local		Other	
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Are there any regulations/policies mandating evaluation of this policy or program?

Yes (Attach)		No	
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Is this a request for an internally or externally performed evaluation?

Internal (BPE)			External	
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Are any funds eligible for set-aside to fund this evaluation? If multiple sources, attach separately.

Yes (Source)		Amount (if Yes)		No	
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If requesting an external evaluation, what is the estimated cost of the evaluation?

Cost		Budget Code(s) for Expenditure	
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Discuss any Requested Timeframes for Evaluation and Due Date of Evaluation Report:

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Will this evaluation require external review of student level data?

Yes		No	
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TO BE COMPLETED BY CHIEF OF REQUESTING OFFICE

I have reviewed this evaluation request and confirm the validity of its contents, and affirm the need for evaluation.

Chief Signature _____ **Date** _____

TO BE COMPLETED BY SUPERINTENDENT

I approve of this evaluation request and affirm the need for evaluation in this policy or program area.

Superintendent Signature _____ **Date** _____

TO BE COMPLETED BY BUREAU OF PROGRAM EVALUATION

Date Received	
Evaluator Reviewing Request (PRINT NAME)	

Action Taken by Bureau of Program Evaluation:

Evaluate Internally		Evaluate Externally		Do Not Evaluate		Other	
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Justification of Action Taken by Evaluator:

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Evaluator Signature _____ **Date** _____

Director of Reporting Signature _____ **Date** _____

Please check one of the following:

Approved		Not Approved	
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If approved, this form will be routed as follows:

- ___ Subcommittee on Accreditation and Accountability for Approval in Month of _____, 20__
- ___ Originating Office for Record
- ___ Bureau of Program Evaluation for Record

I have reviewed this evaluation request and have determined that the request should be routed to the appropriate entity/office as designated above for approval or record-keeping.

Director, Office of Educational Accountability Signature _____ **Date** _____