

Mississippi Department of Education
School Improvement 1003
MCAPS Revision Form

District Name:	
School Name: (Please submit one revision form per school):	

Which intervention/strategy in your application is being revised? *(Select all that apply)*

	ECP (Early Childhood Programs)
	EBIR (Evidence-Based Instructional Resources)
	HQIM (High Quality Instructional Materials)
	ILT (Increased Learning Time)
	L (Leadership)
	OJEPD (On-going Job Embedded PD)
	TI (Technology Integration)
	Other:

Why is the revision being requested? <i>(Select all that apply)</i>		MDE revised school improvement allocations
		Over/Under budgeted (i.e., benefits, salaries, instructional resources, etc.)
		Comprehensive Needs Assessment review requires strategy change
		Funded position(s) not filled
		Other:
District Revision Number:		
School Revision Number:		
Fiscal Year (e.g., FY22):		

Required Signatures:

School Principal (1003 ONLY)

Date

Federal Programs Director/Project Coordinator

Date

Business Manager

Date

Superintendent/Executive Director

Date