



**Continuous Improvement Expenditure Plan  
2015-2016  
INTERVENTION PLAN**

**School:** Lowell

**Principal(s):** Lester D. Lawson IV

**Submit Date:**

**Status:** New

**Intervention Focus:**

**Expected Outcome:**

**Intervention Project Timeline**

Ln	Dates	Description	Priority Area(s)
----	-------	-------------	------------------

**Line Status:** Waiting for plan to be submitted.

**Person(s) Responsible:**

**Frequency:** **SPSA/AM:**

**Identified Need:**

**Target Group:**

**Monitoring:**

**Personnel Summary:**

**Matl/Srvc Summary:**

	Cost	Statutory Benefits	Health Benefits	Project Totals
<b>SSC Approve Date:</b> SSC Approval not needed with funding used	0	0	0	0
<b>Subject:</b>	0	0	0	0
			<b>Total</b>	<b>0</b>