| **Name of Grant Program:** *Empowering Educators through Autonomy Planning Grant* | **Fund Code:** 327 |
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| PART III – VISION FOR EXPLORATION |
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The questions below are intended to illustrate the district’s vision for exploration. Please respond to the prompts below while not exceeding two pages.

1. **Primary Contact Person**

Name:

Role:

District/School:

Email:

Telephone:

1. Describe your vision for exploring school autonomies. Also share your vision for leveraging autonomies in promoting equitable learning outcomes across the district with consideration to the subset of students not meeting learning targets. Describe the population of high needs students that your district intends to focus upon. Please use data on student demographics and comparisons of outcomes for high needs and non-high needs students.
2. Along with the vision outlined above, submit the names of district members who will comprise a district exploration team. The team must include members working at the district level and a school leader.