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| **Name of Grant Program:** Safe and Supportive Schools Competitive Grant | **Fund Code:** 335 |

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| PART III – REQUIRED PROGRAM INFORMATION – **OPTION ONE: ACTION PLANNING** |

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| **Amount Requested** **($20,000 maximum per district, $10,000 maximum per school):** | **School Year** | **Summer (optional)****(Funds should only be proposed to be used to continue action planning.)** |
| $ | $ |
| **District:** |  |
| **Program Coordinator Name/Title:** |  |
| **Address:** |  |
| **Phone:**  |  | **Email:** |  |
| **Total number of schools to participate in action planning by this grant:** |  |
| Please list each school that will complete the Tool and develop an action plan through this grant: (*add rows if needed)* |
| **School** | **Grades Served** |
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1. **School Readiness and Rationale**

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| **[COPY AND PASTE THIS TABLE BELOW (QUESTIONS 1-7) FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT, AND THEN FILL IN THE RESPONSES FOR EACH SCHOOL.]****Please note that responses should be in complete sentences and paragraph form. Maximum of 150 words per response (box).** |
| **School** |
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| 1. **Describe the school-wide initiatives that currently promote safe and supportive learning environments.**
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| 1. **Describe the current culture and climate of the school.**
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| 1. **Describe the data sets the school utilizes to analyze, inform, and enhance the school’s culture and climate (e.g., school discipline reports, nurse visits, attendance, student surveys, etc.).**
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| 1. **Describe any specific current needs related to creating a safe and supportive learning environment for the school.**
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| 1. **Describe the anticipated benefit of using the Tool in this school.**
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| 1. **Describe how the school leadership team (principal, assistant principal, etc.) is or will be involved in the self-assessment and planning processes, and the extent to which this work is a school priority.**
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| 1. **Describe the anticipated efforts to ensure staff, student, and family voices are included in the self-assessment and planning processes. Include efforts that ensure that diverse points of view, as well as diverse racial and ethnic perspectives are represented.**
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1. **School and District Based Teams**

The Tool is designed to assist with self-reflection on current activities and strategies that the staff and programs in your school engage in to create a supportive school environment. This Tool is intended to assist with considering the degree to which students` behavioral health is supported at all intervention levels, ranging from creating supportive school environments through universal promotion and prevention efforts, to early interventions, to responding effectively to individual students who require more intensive services. It is crucial to include various stakeholders in completing the Tool as a team. For example, school based team roles may include but are not limited to teachers and other school personnel such as nurses, counselors, support staff, etc., as well as students, parents, school council members, and representatives from community-based agencies and providers, etc. **Note that the Tool has been created to be completed as a team and not individually, but does need someone to facilitate the completion process.** District based team role may include but are not limited to Superintendents or Assistant Superintendents, as well as Directors of Student Services, Special Education, Community Engagement, Curriculum, Wellness, etc.

1. **School Based Team(s):** Below, provide the names of the ***anticipated*** members of each school’s team. The titles or roles listed above are suggestions only. Not all teams need to include all of the roles listed, but should include a diverse mix of participants and include (or have a way to additionally engage with to inform priorities and action plans) a broad representation of the school and community partners. Please indicate the team’s leader/facilitator with an asterisk (\*) and add more lines if needed

**[COPY, PASTE, AND COMPLETE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT]**

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| **School Name:** |  |
| **Title or Role**  | **Name** |
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To ensure schools engaging in this reflection and action planning process are supported, districts are required to create a district based team that will enhance the process for schools. Supporting schools can include but is not limited to: participating in the school based action planning process, meeting with school based leaders regularly to check in and provide assistance where needed, provide access to specific data schools might need to complete the Tool, share which resources are available, and/or work with school team members to co-create a district based action plan that enhances school(s) action plans.

1. **District Based Team:** Below, provide the roles and names of the anticipated membership of district based team. The titles or roles listed above are suggestions only. Not all teams need to include all of the roles listed, but should include a diverse mix of participants. Add more lines if needed

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| --- | --- |
| **Title or Role**  | **Name** |
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1. **Project Process and Timeline**

Describe the process that the district and school teams will use to complete the Tool and develop action plans. Please include a timeline of anticipated dates for grant activities such as convening the school team(s), responding to the questions in the Tool, determining areas to prioritize for improvements, and finalizing an action plan. Applicants may also include anticipated timelines for implementing the action plan, and assessing progress regarding the plan. Timelines should indicate what will occur during the current school year (by June 30, 2019) and what will occur beyond that timeframe, if applicable. It is recommended to start the timeline in early November.