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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 TWO: SCHOOL BASED IMPLEMENTATION AND MENTORSHIP** |

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| --- | --- | --- |
| **Amount Requested** **($10,000 maximum per district):** | **School Year** | **Summer (optional)** |
| $ | $ |
| **District:** |  |
| **Program Coordinator Name/Title:** |  |
| **Address:** |  |
| **Phone:**  |  | **Email:** |  |
| Please write the name and role of the person that will serve as the coordinator of the grant program as it relates to implementation of funds.  |
| **Name** | **Role** |
|  |  |
| If different from above, write the name and role of the person that will serve as a mentor for Action Planning grantees (or others new to using the Tool). |
| **Name** | **Role** |
|  |  |

**A. FOR PREVIOUS FUND CODE 335 GRANTEES ONLY (**[**FY18**](http://www.doe.mass.edu/grants/2018/awards/335.html) **|** [**FY17**](http://www.doe.mass.edu/grants/2017/awards/335.html)**|**[**FY16**](http://www.doe.mass.edu/grants/2016/awards/335.html) **| FY14\*):**

*\*grantee list from FY14 is available upon request.* **Reflection on School Based Implementation:** Below, provide reflections regarding the district’s fund use for the last grant cycle including rationale for funding it, successes, and challenges.

**COPY AND PASTE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT, THEN FILL IN RESPONSES. ADD MORE ROWS AS NEEDED.**

|  |  |
| --- | --- |
| **School** |  |
| **Year of FC335 Funding** |  |
| **Activity** | **Rationale** | **Successes** | **Challenges** | **Measures of Effectiveness** |
| *Describe the specific initiative/program/professional development/material/resource that was funded by the grant.* | *Explain the rationale/intended outcome for funding the activity.* | *Describe the benefits and successes of the funded activity.* | *Describe the Challenges encountered with the funded activity.* | *Indicate what measures were used to measure the effectiveness of this activity.* |
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**B. Mentorship for New Tool Users:** Below, provide successes and challenges in utilizing the Tool and creating action plans, that you could share with new Tool users. Please note if any information written into the table in question A is applicable to the table below.

**PLEASE NOTE THAT RESPONSES SHOULD BE IN COMPLETE SENTENCES AND PARAGRAPH FORM. THE TABLE WILL EXPAND AS YOU TYPE.**

|  |
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| **Behavioral Health and Public Schools Self-Assessment Tool (Tool)** |
| 1. How did your district and/or school approach utilizing the Tool? Please explain:

-How the team was composed?-Who participated in the team?-Who lead the team through completion of the Tool? |  |
| 1. Describe the successes your team had when utilizing the BHPS Tool that you would share with a new grantee.
 |  |
| 1. Describe the challenges your team encountered when utilizing the BHPS Tool that you would share with a new grantee, along with any lessons learned and associated guidance you might offer.
 |  |
| **Action Planning** |
| 1. How did the team identify priority areas to focus on after completing the Tool?
 |  |
| 1. Describe the successes your team had in creating an effective action plan derived from the aforementioned priority areas.
 |  |
| 1. Describe the challenges your team encountered in creating an effective action plan derived from the aforementioned priority areas, along with any lessons learned or any associated guidance you might offer.
 |  |
| 1. Describe how the school will sustain the implementation efforts of the action plans created through using the BHPS Tool beyond this funding cycle.
 |  |

 **C. Mentorship checklist:** Based on the evaluation of the Safe and Supportive School Grant FC 335, these are some areas of interest from previous Tool users. Please check (and/or underline) the topics below on which you would be prepared to mentor a new Tool user:

[ ] School level personnel role

[ ] District level personnel role

[ ] Forming effective school based teams that encompass the whole school/district community

[ ] Facilitating school based or district teams to utilize the Tool

[ ] Buy-in from District leadership

[ ] Gathering data sets to utilize to complete each section of the Tool

[ ] Creating a realistic and feasible timeline for utilizing the Tool

[ ] Analyzing results from the Tool to create priority areas for next steps

[ ] Writing an effective and measurable action plan

[ ] Other (Please describe below)\*

\**other proposed topics for mentorship will need to be approved by DESE staff*

**D. School Based Implementation**

**COPY AND PASTE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT**

1. **Rationale for School Based Implementation:** Below, provide details regarding specific fund use, rationale for funding it, and who will be leading that effort.

|  |  |
| --- | --- |
| **School** |  |
| **Activity** | **Rationale** | **Indicate who will lead this effort** **(if known)** |
| *Describe the specific initiative/program/professional development/material/resource that will be funded by the grant.* | *Explain the rationale for funding the activity.* | *If known, write who will lead this effort, such as a specific organization or vendor.* |
|  |  |  |
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1. **School Based Team(s):** Below, provide the names of the anticipated member(s) and role(s) of people to be in charge of managing and coordinating school based implementation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **School** | **Title or Role** | **Indicate if Facilitator** |
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**E. Project Timeline**

Indicate anticipated dates/timeframes for implementing grant activities such as: discussing the needs of the school, revisiting priority areas of the action plan, implementing the action plan, and assessing progress. Timelines should indicate what will occur during the current school year (by June 30, 2019) and what will occur during summer (July 1 – August 31, 2019), as well as beyond that timeframe, if applicable. It is recommended to start the timeline in early November.