|  |  |
| --- | --- |
| **Name of Grant Program:** *Reading Recovery*  | **Fund Code:** 574 |

|  |
| --- |
| PART III – REQUIRED PROGRAM INFORMATION |

Answer each question below, designating the letter of the question with your answer (i.e., write “A” before the response to A., etc.).

1. **Primary Contact Person**

Name:

Role:

District/Collaborative:

Email:

Telephone:

**Data Contact Person** (if different from above)

Name:

Role:

District/Collaborative:

Email:

Telephone:

1. Identify the approximate number of teachers that will participate in Reading Recovery training as a result of grant funding, and the extent/duration of that training.
2. Identify the approximate number of students that will work with teachers who receive Reading Recovery training provided as a result of grant funding.
3. Explain the way in which the training program will include ongoing documentation and evaluation of results, including the effect of Reading Recovery on subsequent referral to special education, retention or other reading interventions.