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

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| PART IIIA – REQUIRED PROGRAM INFORMATION – (FY2022) **OPTION ONE: ACTION PLANNING** |

**NOTE: Only fill out this document if applying for OPTION ONE: ACTION PLANNING.** *If applying for OPTION TWO: Implementation and Mentorship/Support, please only fill out Part IIIB.*

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| **District:** | |  | | | | |
| **Amount Requested**  **($20,000 maximum per district, $10,000 maximum per school):** | | **School Year (2021-2022)** | | | **Summer 2022 (optional)**  **(Funds should only be proposed to be used to continue action planning.)** | |
| $ | | | $ | |
| **Program Coordinator Name/Title:** | |  | | | | |
| **Phone:** |  | | **Email:** |  | | |
| **Fiscal Contact**  **Name/Title** | |  | | | | |
| **Phone** |  | | **Email** |  | | |
| **Superintendent/ Charter School Leader/ Collaborative Leader**  **Name/Title:** | |  | | | | |
| **Phone** |  | | **Email** |  | | |
| **Total number of schools to participate in action planning with this grant:** | | | | | |  |
| Please list each school that will complete the Tool and develop an action plan through this grant: (*add rows if needed)* | | | | | | |
| **School Name** | | | | | | **Grades Served** |
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1. **Readiness**

The following questions are regarding both District and School readiness. All questions should be answered even if the district only consists of one school. If multiple schools are applying, please provide sufficient information about each school individually.

**A minimum of 3-5 sentences can generally be considered a substantive response. Please enter your answers in the non-shaded cells in the table below.**

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| 1. Provide a brief description of current initiatives that support or promote safe and supportive learning environments, both at the district level and at the individual school level. Please describe each school’s initiatives separately and indicate the name of the school in the description. |
| District: |
| School name (add additional rows if more than one school is applying): |
| 1. Describe the ways district (if applicable) and school leadership will support individual schools to complete the self-assessment and action planning process and the extent to which this work is a district and/or school priority. If multiple schools are applying, please describe how the work will be coordinated across schools. |
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| 1. Describe any district or school-wide efforts to better understand and reflect on the impact of equity, including racial equity, bias, and/or cultural competency, on creating safe and supportive learning environments for students, their families and staff. These efforts may including training and professional development and may have either been planned or recently completed, Include any areas of growth or further professional development that would enhance these efforts. |
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| 1. Describe any district and/or school-based teams or groups that have been established in the past to address areas related to safe and supportive schools, such as social and emotional learning, racial equity, climate and culture, PBIS, etc. How will the past work of these teams or groups be incorporated into the work of the Safe and Supportive Schools team? Please describe the work of individual schools if applicable. |
| District: |
| School name (add additional rows if more than one school is applying): |

1. **Rationale**

The following questions seek to gather information on both the District’s and School’s rationale for applying to be part of this grant program. All questions should be answered even if the district only consists of one school. If multiple schools are applying, please provide sufficient information about each school individually.

**A minimum of 3-5 sentences can generally be considered a substantive response. Please enter your answers in the non-shaded cells in the table below.**

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| 1. Provide a brief description of the anticipated benefits to the district (if applicable) and to the greater community as the school or schools become more safe and supportive. |
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| 1. Describe the current culture and climate of each school, for **staff**, **students**, and **families**. Include any data (e.g., school discipline reports, educator evaluation, CLASS data, attendance, student/ family/ staff surveys, etc.) that have informed this description. What areas of climate and culture could be improved upon by completing the Safe and Supportive School self-reflection tool and action planning process? |
| School name (add additional rows if more than one school is applying): |
| 1. For each school, describe the anticipated benefit of using the Tool and creating an action plan for implementation. Include any specific concerns, challenges, or needs related to creating a safe and supportive learning environment for the school. This may be a specific event, pattern in data, or other “urgency” that prompted the school to want to complete the self-reflection, action planning and implementation process. If applicable, explain how this urgency relates to the beginning of the 2021-2022 school year or other concerns specific to the COVID-19 pandemic, including a disparate impact associated with race/ethnicity, neighborhood/community, housing stability, etc. |
| School name (add additional rows if more than one school is applying): |

1. **District and School-Based Teams**

Please provide the anticipated participants of the district and school-based teams. If the participating school is its own district (for example, a charter or vocational school), please complete Question 1 only, but be sure to include the members suggested for the school-based team in question 2 and indicate who the team leader will be.

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| 1. **District Based Team**   To ensure the support of schools engaging in this reflection and action planning process, 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; * communicating with school-based leaders regularly to check in and provide assistance where needed; * provide access to specific data that 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.   Below, provide the roles and names of the anticipated membership of the district-based team. If a team member would like to be added to our contact list (in addition to the grant coordinator), please list their email address with their name. The district-based team may include but is not limited to Superintendent or Assistant Superintendent(s), Director(s) of Student Services, Special Education, Family and Community Engagement, Curriculum, and/or Wellness, etc. The titles or roles listed here are suggestions only. Not all teams need to include all of the roles listed but should include a diverse mix of participants in terms of school/district role, race/ethnicity, etc. to the degree possible. Add more lines if needed. |

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| **Title or Role** | **Name (and Email *optional*)** |
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| 1. **School Based Team**   The Tool is designed to assist with self-reflection on current activities, programs and strategies that the staff 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 when they 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 principal/assistant principal, teachers and other school personnel such as nurses, counselors, support staff, etc., as well as students, family members, 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 (although individual responses may be collected as part of the process) and does need someone to coordinate/facilitate the completion process.**  Below, provide the names of the anticipated members of each school’s team. If a team member would like to be added to our contact list (in addition to the grant coordinator), please list their email address with their name. 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. |

***(NOTE: Copy and fill in this entire chart below for each participating school.)***

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| **School Name:** |  | |
| **Title or Role** | | **Name (and Email *optional*)** |
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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. The timeline must include 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 2021-2022 school year (by June 30, 2022) and what will occur beyond that timeframe, if applicable. It is recommended to start the timeline by early November 2021. Please add more rows to the table if needed.

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| **Activity** | **Anticipated Start Date** |
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