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

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| PART III – REQUIRED PROGRAM INFORMATION |

1. **Primary Contact Person**

Name:

Role:

District/Collaborative:

Email:

Telephone:

**Evaluation/Data Submission 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, their roles, and the extent/duration of that training.
2. Identify the approximate number of students that will receive Reading Recovery services from teachers who receive Reading Recovery training provided as a result of grant funding.
3. Explain the way in which the Reading Recovery Training Site will coordinate for students to be assessed and data to be gathered and submitted in accordance with this grant’s evaluation requirements, as described in the RFP (see *Additional Information* section).