

# Texas Education Agency Standard Application System (SAS)

<b>2018–2019 Services to Students with Autism</b>		
<b>Program authority:</b>	Texas Education Code, 29.026 as added by House Bill 21, Section 3, 85 <sup>th</sup> Texas Legislature, 2017	<b>FOR TEA USE ONLY</b> <small>Write NOGA ID here:</small>
<b>Grant Period:</b>	May 1, 2018, to August 31, 2019	
<b>Application deadline:</b>	5:00 p.m. Central Time, March 8, 2018	<small>Place date stamp here.</small>
<b>Submittal information:</b>	<p>Applicants must submit one original copy of the application with an original signature, and two copies of the application, printed on one side, only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address:</p> <p style="text-align: center;">Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494</p>	
<b>Contact information:</b>	Amy Kilpatrick, (512) 463-9414, amy.kilpatrick@tea.texas.gov	

## Schedule #1—General Information

### Part 1: Applicant Information

Organization name	County-District #	Amendment #	
Titus County Shared Services	225902		
Vendor ID #	ESC Region #		
	8		
Mailing address	City	State	ZIP Code
PO Box 1117	Mt. Pleasant	TX	75456-1117

### Primary Contact

First name	M.I.	Last name	Title
Marilyn	A	Logan	Director of Special Education
Telephone #	Email address		FAX #
903-575-2079	mlogan@mpisd.net		903-575-2019

### Secondary Contact

First name	M.I.	Last name	Title
Justin		Chambers	LSSP
Telephone #	Email address		FAX #
903-575-2079	jchambers@mpisd.net		903-575-2019

### Part 2: Certification and Incorporation

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

#### Authorized Official:

First name	M.I.	Last name	Title
Marilyn	A	Logan	Director of Special Education
Telephone #	Email address		FAX #
903-575-2079			

Signature (blue ink preferred)

Date signed

*Marilyn Logan*

*03/04/18*

Only the legally responsible party may sign this application.

**Schedule #1—General Information**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 3: Schedules Required for New or Amended Applications**

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
3	Certification of Shared Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	*See important note for competitive grants	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Responses to Statutory Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**\*IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, **the application will be disqualified.**

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 1: Required Attachments**

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		

**Part 2: Acceptance and Compliance**

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

**Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.**

X	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <u>General and Fiscal Guidelines</u> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all <u>General Provisions and Assurances</u> requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all <u>Debarment and Suspension Certification</u> requirements.

**For TEA Use Only**

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Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 3: Program-Specific Provisions and Assurances**
☒ I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurance that the program will operate as an independent campus or a separate program from the campus in which the program is located, with a separate budget.
4.	The applicant provides assurance that the program will give priority for enrollment to students with autism.
5.	The applicant provides assurance that the program will limit enrollment and services to students who are at least three years of age and younger than nine years of age or are enrolled in the third grade or a lower grade level.
6.	The applicant provides assurance that the program will allow a student who turns nine years of age or older during a school year to remain in the program until the end of that school year.
7.	The applicant provides assurance that the local educational program (LEA) will not charge a fee for the program, other than those authorized by law for students in public schools.
8.	The applicant provides assurance that the LEA will not require a parent to enroll a child in the program.
9.	The applicant provides assurance that the LEA will not allow an admission, review, and dismissal committee to place a student in the program without the written consent of the student's parent or guardian.
10.	The applicant provides assurance that the LEA will not continue the placement of a student in the program after the student's parent or guardian revokes consent, in writing, to the student's placement in the program.
11.	The applicant provides assurance that it will develop appropriate systems and processes to collect and report baseline academic and functional data and achievements for students enrolled in the program as required by TEA.
12.	The applicant provides assurance that it will submit data on the academic and functional achievements to TEA, in a TEA approved format, by the requested date. This data may be the basis for awarding continuation grants.

**For TEA Use Only**

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On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #3—Certification of Shared Services**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all shared services arrangement (SSA) activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy(ies) occurred.

Any additional funds that result from an increase will not require additional signatures. **Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in Schedule #2, Parts 2 and 3, as applicable.** Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
<b>Fiscal Agent</b>				
1.	225902 Titus-Mount Pleasant ISD	Marilyn Logan <i>Marilyn Logan</i>	903-575-2079 mlogan@mpisd.net	\$830,875
<b>Member Districts</b>				
2.	225907 Titus-Harts Bluff ISD	Marilyn Logan <i>Marilyn Logan</i>	903-575-2079 mlogan@mpisd.net	0
3.	225905 Titus-Winfield ISD	Marilyn Logan <i>Marilyn Logan</i>	903-575-2079 mlogan@mpisd.net	0
4.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
5.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
6.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
7.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
8.	County-District # County-District Name	Name	Telephone number Email address	Funding amount

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By TEA staff person:

**Schedule #3—Certification of Shared Services**

County-district number or vendor ID 225902 | Amendment # (for amendments only):

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<b>Fiscal Agent</b>				
1.	225-902	Marilyn Logan	903-575-2079	\$ 830,875
	Titus-Mount Pleasant ISD	<i>Marilyn Logan</i>	mlogan@mpisd.net	
<b>Member Districts</b>				
2.	080-901	Ashley Norwood	903-537-2546	0
	Mt. Vernon ISD	<i>Ashley Norwood</i>	anorwood@mtvernonisd.net	
3.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
4.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
5.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
6.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
7.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
8.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	



**Schedule #3—Certification of Shared Services**

County-district number or vendor ID: **225902**

Amendment # (for amendments only):

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<b>Fiscal Agent</b>				
1.	225-902 Titus-Mount Pleasant ISD	Marilyn Logan <i>Marilyn Logan</i>	903-575-2079 mlogan@mpisd.net	\$830,875
<b>Member Districts</b>				
2.	194-904 Clarksville ISD	Henry Sharp <i>Henry Sharp</i>	903-427-3891 hsharp@clarksvilleisd.org	0.00
3.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
4.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
5.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
6.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
7.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
8.	County-District # County-District Name	Name	Telephone number Email address	Funding amount

**Schedule #3—Certification of Shared Services**

County-district number or vendor ID: 225902 Amendment # (for amendments only):

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<b>Fiscal Agent</b>				
1.	225-902 Titus-Mount Pleasant ISD	Marilyn Logan <i>Marilyn Logan</i>	903-575-2079 mlogan@mpisd.net	\$830,875
<b>Member Districts</b>				
2.				
3.				
4.	194905 Detroit ISD	Andi Howie <i>Andi Howie</i>	903-674-2244 ahowie@detroit eagles.net	Funding amount
5.	194903 Rivercrest ISD	Andie Howie <i>Andie Howie</i>	903-674-2244 ahowie@detroit eagles.net	Funding amount
6.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
7.	County-District # County-District Name	Name	Telephone number Email address	Funding amount
8.	County-District # County-District Name	Name	Telephone number Email address	Funding amount



**Schedule #3—Certification of Shared Services**

County-district number or vendor ID: 225902 Amendment # (for amendments only):

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<b>Fiscal Agent</b>				
1.	225-902	Marilyn Logan	903-575-2079	\$830,875
	Titus-Mount Pleasant ISD	<i>Marilyn Logan</i>	mlogan@mpisd.net	
<b>Member Districts</b>				
2.	032-902	Kelly Hobbs	903-856-3628	0
	Pittsburg ISD	<i>Kelly Hobbs</i>	Khobbs@pittsburgisd.net	
3.				
4.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
5.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
6.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
7.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
8.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	

### Schedule #3—Certification of Shared Services

County-district number or vendor ID: 225902 Amendment # (for amendments only): \_\_\_\_\_

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<b>Fiscal Agent</b>				
1.	225-902	Marilyn Logan	903-575-2079	\$830,875
	Titus-Mount Pleasant ISD	<i>Marilyn Logan</i>	mlogan@mpisd.net	
<b>Member Districts</b>				
2.	225-906	Christina Reid	903-572-8096	0.00
	Titus - Chapel Hill ISD	<i>Christina Reid</i>	creid@chisddevils.com	
3.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
4.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
5.	County-District #	Name	Telephone number	Funding amount

**Schedule #3—Certification of Shared Services (cont.)**

County-district number or vendor ID:			Amendment # (for amendments only):	
#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
<b>Member Districts</b>				
9.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
10.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
11.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
12.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
13.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
14.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
15.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
16.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
17.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
18.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
19.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
20.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Grand total:</b>				<b>\$830,875</b>

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #4—Request for Amendment**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 1: Submitting an Amendment**

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). **Do not submit this schedule with the original grant application.** Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail *or* by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the TEA Grant Opportunities page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

**Part 2: When an Amendment Is Required**

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division Administering a Grant page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

**Part 3: Revised Budget**

			A	B	C	D
#	Schedule #	Class/ Object Code	Grand Total from Previously Approved Budget	Amount Deleted	Amount Added	New Grand Total
1.	Schedule #7: Payroll	6100	\$	\$	\$	\$
2.	Schedule #8: Contracted Services	6200	\$	\$	\$	\$
3.	Schedule #9: Supplies and Materials	6300	\$	\$	\$	\$
4.	Schedule #10: Other Operating Costs	6400	\$	\$	\$	\$
5.	Schedule #11: Capital Outlay	6600	\$	\$	\$	\$
6.	Total direct costs:		\$	\$	\$	\$
7.	Indirect cost ( %):		\$	\$	\$	\$
8.	Total costs:		\$	\$	\$	\$

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On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #4—Request for Amendment (cont.)**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 4: Amendment Justification**

Line #	Schedule # Being Amended	Description of Change	Reason for Change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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On this date:

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By TEA staff person:

**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Titus County Shared Services Arrangement (TCSSA) provides special education services to students in three rural school districts in East Texas, Mount Pleasant ISD, Harts Bluff ISD, and Winfield ISD. We will put together an Autism Team with resources that will allow us to educate and inform students, staff, parents, and community members about Autism and the unique needs of individuals with this diagnosis. Additionally, we will provide innovative supports to students diagnosed with Autism to help them experience high levels of success in academics, social skills, and overall functioning in school, at home, and in their community.

All three districts struggle to receive the appropriate numbers of referrals to identify all the students in our districts who may need a diagnosis of Autism. On March 27, 2014, the Centers for Disease Control and Prevention (CDC) released new data on the prevalence of autism in the United States. Their surveillance study identified 1 in 68 children as having autism spectrum disorder (ASD). This equates to about 1.47 % of the general population. Our TCSSA districts currently identify 0.76% of our student population with an Autism diagnosis. This is only about one half of the students in our school who may need the services according to the CDC statistics. Region 8 schools have 594 students identified with an Autism diagnosis. According the statistics from the CDC, we have a little over 300 students who may need to be identified, but are not. We need a dedicated team of professionals who can train individuals in our community and schools to know and identify the signs to watch for so we can pinpoint all students who may have Autism and need a comprehensive evaluation. This will allow our schools to better identify students with the unique needs related to Autism and then serve them.

This team will be made up of an Occupational Therapist, a Speech Pathologist, a Licensed Specialist in School Psychology, a Masters Level Special Education Teacher with graduate level work in Autism Intervention (who will also serve as Project Coordinator), and a Bilingual Assistant/Ancillary Examiner. Because this team will focus exclusively on identifying and serving students with Autism, they will be able to produce a highly prescriptive assessment report as a result of the team evaluation of each student. The report will include innovative recommendations that are specific to the student and are designed to result in transforming, highly successful interventions and supports to meet the unique needs of each student identified with Autism.

Our team will work out of a MPISD district building where we will set up an Autism Testing/Training Center. The testing center will have a dedicated controlled assessment area set up to support a variety of assessment tools used to identify students with Autism. The team will schedule two Autism assessments each week of the school year. Districts that will benefit from these assessments include the three districts that are members of our Titus County SSA, as well as the six other districts that have agreed to be part of an SSA for Autism Assessments. These six rural districts do not currently have a Autism Assessment Team in place to conduct needed assessment for their students. Costs for the evaluations for Autism Assessment SSA districts will be covered by the grant. This model of assessment will allow member districts to see how to put together an appropriate assessment team for their district. This team will also provide member districts with an exemplary assessment report that can be used as a prototype to help districts learn how to create evaluation reports that provide specific innovative instructional supports to maximize student potential and success. This center will also be used to bring in parents, school staff, and community members to participate in training sessions related to the unique needs of students with Autism. In addition, this center will house the technology required to record training sessions that will be stored electronically for future use with staff, parents, and community members across our region. The center will have computers set up so that parents can come in and access the stored online training sessions during a schedule appointment at the center.

We will purchase and use a "Sensory Vehicle" that will be used in conjunction with Autism Testing/Training center. This will allow us to conduct parts of the evaluation in a state-of-the-art multisensory setting and then develop innovative recommendations to meet the specific sensory needs of each student. The "Sensory Vehicle" will be designed to include multiple touch screens, air conditioning, dynamic ambient lighting, vibration floor system, a room command system, a multi-scent machine, bubble wall, light tube, surround sound, fiber optic lighting, seating, turbo wind machine, sensory interactive floor, fog machine, solar and space objects, and external graphics. The vehicle will also be used in

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conjunction with the Training Center for training sessions one day per week and in the evenings. This will allow parents, school staff, and community members to experience and understand how students with an Autism diagnosis interact with various mediums of sensory input to help them achieve their full potential. When students are evaluated for outside districts, the staff will be able to see and experience a large number of sensory features without having to purchase all of them. They can be made aware of which specific sensory features had the greatest impact in supporting their student's needs in their school environment.

The certified Special Education teacher will also use the "Sensory Vehicle" to provide sensory social group training for students with Autism in an environment in which non-disabled students will be thrilled to participate. We will use the vehicle to take the multi-sensory experience to schools in our SSA (serving students ages 3-9), into our community, as well as other schools in our region. This multisensory vehicle will have a space for 7 to 8 students. Groups will include one to two students with Autism in each group. The interactive technology contained in this vehicle stimulates the senses and brings unreachable or difficult topics and experiences within reach of all students. Just feet away from the school, students can travel the world and beyond right beside their peers with Autism. Non-disabled students will gain greater understanding of how their friends with Autism learn and relate. These sensory social group training sessions will be digitally recorded so that teachers throughout Region 8 can watch and learn how to appropriately conduct effective social skills lessons.

The certified teacher will provide the sensory social groups in the morning half of the school day. In the afternoon half of the school day, she will follow up with teachers on that campus who are supporting students with an Autism diagnosis. The teacher will address student needs and help the teachers understand how to implement the specific and innovative recommendations made by the assessment team for each student identified.

#### **Schedule #6—Program Budget Summary**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

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Program authority: Texas Education Code, 29.026, House Bill 21, Section 3, 85 <sup>th</sup> Texas Legislature, 2017					
Grant period: May 1, 2018, to August 31, 2019			Fund code/shared services arrangement code: 429/459		
<b>Budget Summary</b>					
Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost
Schedule #7	Payroll Costs (6100)	6100	\$443,000	\$47,733	\$490,733
Schedule #8	Professional and Contracted Services (6200)	6200	\$8,000	\$862	\$8,862
Schedule #9	Supplies and Materials (6300)	6300	\$33,000	\$3,556	\$36,556
Schedule #10	Other Operating Costs (6400)	6400	\$13,500	\$1,455	\$14,955
Schedule #11	Capital Outlay (6600)	6600	\$225,000	\$24,243	\$249,243
Total direct costs:			722,500	\$77,849	\$800,349
Percentage% <u>indirect costs</u> (see note):			N/A	\$30526	\$30526
Grand total of budgeted costs (add all entries in each column):			\$722,500	\$108,375	\$830,875
<b>Shared Services Arrangement</b>					
6493	Payments to member districts of shared services arrangements		\$0	\$0	\$0
<b>Administrative Cost Calculation</b>					
Enter the total grant amount requested:					\$722,500
Percentage limit on administrative costs established for the program (15%):					x .15
Multiply and round down to the nearest whole dollar. Enter the result. This is the maximum amount allowable for administrative costs, including indirect costs:					\$108,375

NOTE: Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. If indirect costs are claimed, they are part of the total grant award amount. They are not in addition to the grant award amount.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Do not submit an amendment solely for the purpose of budgeting indirect costs.

If selected for a competitive grant, your award amount will be the lesser of the grand total of budgeted costs as stated on this schedule (the box with the bold outline), or the sum of all line items listed on this schedule, or the maximum allowable award amount. TEA is not responsible for math errors.

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<b>Schedule #7—Payroll Costs (6100)</b>					
County-district number or vendor ID: 225902			Amendment # (for amendments only):		
Employee Position Title			Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted
<b>Academic/Instructional</b>					
1	Teacher				
2	Educational aide		1		\$39,0000
3	Tutor				\$
<b>Program Management and Administration</b>					
4	Project director/administrator				
5	Project coordinator		1		\$59,000
6	Teacher facilitator				\$
7	Teacher supervisor				\$
8	Secretary/administrative assistant				\$
9	Data entry clerk				\$
10	Grant accountant/bookkeeper				\$
11	Evaluator/evaluation specialist				\$
<b>Auxiliary</b>					
12	Counselor				\$
13	Social worker				\$
14	Community liaison/parent coordinator				\$
<b>Other Employee Positions</b>					
15	Occupational Therapist		1		\$91,000
16	Licensed Specialist in School Psychology		1		\$90,000
17	Speech Language Pathologist		1		\$91,000
18	Subtotal employee costs:				\$370,000
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>					
19	6112	Substitute pay			\$
20	6119	Professional staff extra-duty pay			\$10,000
21	6121	Support staff extra-duty pay			\$2,000
22	6140	Employee benefits			\$61,000
23	61XX	Tuition remission (IHEs only)			\$
24	Subtotal substitute, extra-duty, benefits costs				\$73,000
25	Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):				\$443,000

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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<b>Schedule #8—Professional and Contracted Services (6200)</b>		
County-district number or vendor ID: 225902		Amendment # (for amendments only):
<b>NOTE:</b> Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.		
<b>Professional and Contracted Services Requiring Specific Approval</b>		
Expense Item Description		Grant Amount Budgeted
6269	Rental or lease of buildings, space in buildings, or land	\$
	Specify purpose:	
<b>a. Subtotal of professional and contracted services (6200) costs requiring specific approval:</b>		\$
<b>Professional and Contracted Services</b>		
#	Description of Service and Purpose	Grant Amount Budgeted
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
<b>b. Subtotal of professional and contracted services:</b>		
<b>c. Remaining 6200—Professional and contracted services that do not require specific approval:</b>		\$8000
<b>(Sum of lines a, b, and c) Grand total</b>		<b>\$8000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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<b>Schedule #9—Supplies and Materials (6300)</b>	
County-District Number or Vendor ID: 225902	
Amendment number (for amendments only):	
<b>Supplies and Materials Requiring Specific Approval</b>	
<b>Expense Item Description</b>	<b>Grant Amount Budgeted</b>
6300 Total supplies and materials that do not require specific approval:	\$33,000
<b>Grand total:</b>	<b>\$33,000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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<b>Schedule #10—Other Operating Costs (6400)</b>		
County-District Number or Vendor ID: 225902		Amendment number (for amendments only):
<b>Expense Item Description</b>		<b>Grant Amount Budgeted</b>
6411	Out-of-state travel for employees. Must be allowable per Program Guidelines and grantee must keep documentation locally.	\$
Subtotal other operating costs requiring specific approval:		\$
	Remaining 6400—Other operating costs that do not require specific approval:	\$13,500
<b>Grand total:</b>		<b>\$13,500</b>

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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<b>Schedule #11—Capital Outlay (6600)</b>				
County-District Number or Vendor ID: 225902			Amendment number (for amendments only):	
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted
<b>6669—Library Books and Media (capitalized and controlled by library)</b>				
1		N/A	N/A	\$
<b>66XX—Computing Devices, capitalized</b>				
2				\$
3				\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
<b>66XX—Software, capitalized</b>				
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
<b>66XX—Equipment or furniture</b>				
19	Sensory Vehicle	1	\$225,000	\$225,000
20			\$	\$
21			\$	\$
22			\$	\$
23			\$	\$
24			\$	\$
25			\$	\$
26			\$	\$
27			\$	\$
28			\$	\$
<b>66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>				
29				\$
<b>Grand total:</b>				<b>\$225,000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division Administering a Grant page.

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Schedule #12—Demographics of Participants to Be Served with Grant Funds			
County-district number or vendor ID: 225902		Amendment # (for amendments only):	
<b>Part 1: Students/Teachers To Be Served With Grant Funds.</b> Enter the total number of students and teachers in each grade projected to be served under the grant program. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.			
<b>School Type:</b>	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Open-Enrollment Charter	<input type="checkbox"/> Private Nonprofit
		<input type="checkbox"/> Private For Profit	<input type="checkbox"/> Public Institution
<b>Grade</b>	<b>Number of Students</b>	<b>Number of Teachers</b>	<b>Student/Teacher Ratio</b>
PK	185	25	185/25
K	179	29	179/29
1 <sup>st</sup>	175	28	175/28
2 <sup>nd</sup>	171	32	171/32
3 <sup>rd</sup>	203	32	203/32
<b>COMMENTS</b>	The teachers and students included in the above counts only include the individuals that will receive direct instruction and training by the Autism Team members. All teachers in Region 8 schools will have access to the digitally recorded training sessions. This will allow well over 1,000 teachers in grades PK – 3 <sup>rd</sup> grade to receive benefits from these grant funds. And all the current and future students served by these teachers will receive the benefits of the training provided through these grant funds.		
<b>Part 2: Amount of Instruction.</b> Enter amount of instruction to be provided with grant funds. Use the comment section to add a description of any data not specifically requested that is important to understanding the amount of instruction to be provided by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.			
<b>Amount of Instruction</b>		<b>COMMENTS</b>	
<b>School day hours</b> (ex) 8:30am – 4:30pm	8:00 – 12:00	The special education teacher will provide social skills training for half the day and follow up and train teachers that have students with autism in the general education setting.	
<b>Number of days in school year</b>	136 days	Direct instruction will be provided 4 days each school week.	
<b>Minutes of instruction per school year</b>	32,640		

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## Need

## Schedule #13—Needs Assessment

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 1: Process Description.** A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

We conducted a review of our current data on the numbers of students we have identified with Autism.

Based on the 2017-18 PEIMS Snapshot information

MPISD Total Enrollment = 5391

HBISD Total Enrollment = 602

WISD Total Enrollment = 168

**TCSSA Total Enrollment = 6161**

Students Diagnosis with Autism:

MPISD = 43

HBISD = 2

WISD = 2

**TCSSA Total Number of Student Identified with an Autism Diagnosis = 47**

This is 0.76% (less than one percent).of our General Education population.

On March 27, 2014, the Centers for Disease Control and Prevention (CDC) released new data on the **prevalence of autism** in the United States. This surveillance study identified 1 in 68 children. This equates to about 1.47 %

So, according to the CDC we should have about 90 student identified with Autism and we have about half that number identified.

We have interviewed teachers who have students diagnosed with Autism in their classroom and none of them have ever completely read any of the Autism Evaluation reports completed after the student's assessments to help them understand the unique needs of the students.

Current Evaluation reports were reviewed and it was noted that very limited recommendations were provided that specifically addressed the unique sensory needs of each student. Specific sensory devices we rarely discussed or addressed in the reports.

We reviewed student ARD meeting reports and noted that several of our students with Autism had limited opportunities to participate in inclusive settings because of the severity of their impairment and inability to experience success in the general education classroom.

We met with the Special Education Director of the Region 8 Educational Center. She noted that many of the small school districts in Region 8 did not have teams set up to conduct Autism assessments. They currently contract for these assessments.

The campuses to be served through this grant include the Mount Pleasant campuses our Child Development Center, and our Elementary campuses of Annie Sims, EC Brice, Vivian Fowler, and Frances Corprew, as well of the two LEA's in our SSA, Winfield ISD and Harts Bluff ISD. Other campus served will include those districts in our Autism Assessment SSA made up of Mt. Vernon ISD, Clarksville ISD, Detroit ISD, Rivercrest ISD, Chapel Hill ISD, and Pittsburg ISD. Preschool and elementary campuses will be targeted based on the fact that they provide a majority of our SpEd referrals. So, these are the campuses where a majority of our student are first identified with an Autism diagnosis. It is critical that during this age span, ages 3-9, that students receive early identification, early intervention and treatment. It is also imperative that non-disabled students are provided with an opportunity to understand their peers who have been diagnosed with this disability and learn how to successfully interact with them.

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**Schedule #13—Needs Assessment (cont.)**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 2: Alignment with Grant Goals and Objectives.** List your top five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Our students and staff are in dire need of comprehensive team evaluations for Autism with detailed reports including specific, innovative intervention/support recommendations.	The grant would allow us to create a dedicated assessment team that will be able to have access to a large number of sensory input devices to explore with students who have a diagnosis of Autism. The team will have time for more research and greater collaboration in order to write reports that are easier to understand and provide more innovative individualized recommendations for each student.
2.	Our parents and community members need the opportunity to participate in meaningful training on the identification of Autism, understanding the needs of this population, and how to support individuals with an Autism diagnosis.	The grant would allow us to develop a training center that would enable us to provide a greater number of parents specific trainings that are needed. The center would also provide parents access to materials such as books and online trainings at their convenience during the day.
3.	Non-disabled students in our schools need direct instruction on how to understand the differences they observed in their friends who have an Autism diagnosis. The non-disabled students need direct instruction on how to successfully interact with their classmates who have Autism in an appropriate manner. Students with Autism need to create and maintain friendships with non-disabled students.	The grant would allow us to purchase a one of a kind "sensory vehicle" that will provide an innovative and educational space to conduct social skills lessons. These lessons would allow students with autism to learn appropriate social skills with their same age peers as models. These lessons will help the general education peers to have a better understanding of students with autism and create friendships.
4.	Our schools need to provide students with an Autism diagnosis an opportunity to participate in creative and highly effective interventions and treatment supports that will allow them to make even greater progress than traditional services.	The "sensory vehicle" would provide a space where students with autism can gain better understanding of concepts that are taught in the classroom that may be too abstract. They would be able to experience events in history or travel to places around the world just feet from their school.
5.	Because the make-up of Region 8 is a majority of small rural schools, we want to increase their exposure to comprehensive evaluations with detailed, specific recommendations, as well as allow them to see how innovative technology can impact student services and progress for students with an Autism diagnosis.	Schools from around the region will have access to the training center and "sensory vehicle". School assessment staff will be able to observe an assessment done by our team so they will be able to see how to develop an effective assessment team themselves. These schools will have access to a well written autism evaluation that can serve as a model for their future evaluations.

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**Schedule #14—Management Plan**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 1: Staff Qualifications.** List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	Special Education Teacher/Project Coordinator	Masters degree in Special Education Graduate work in Autism Intervention BCBA credentials 3-5 years experience in public school working with students who have a diagnosis of Autism
2.	Licensed Specialist in School Psychology	LSSP Licensure 3 + years experience in public school Experience with Autism Assessment
3.	Speech Language Pathologist	ASHA certified Speech Language Pathologist 3-5 years experience in Pediatrics – including children with an Autism diagnosis
4.	Occupational Therapist	Master's Level Occupational Therapist 3-5 years experience in Pediatrics – including children with an Autism diagnosis
5.	Bilingual Educational Aide	2-3 years experience in public school Bachelor's degree Fluent in English and Spanish (read, write, speak) Trained as an Ancillary Examiner

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Create a dedicated autism assessment team	1. Hire team members	05/01/2018	07/01/2018
		2. Train Staff	08/01/2018	08/03/2018
		3. Purchase materials and set up assessment space	05/01/2018	08/31/2018
		4. Schedule Assessments	08/20/2018	05/30/2019
2.	Implement a social skills curriculum to support inclusion	1. Purchase Sensory Vehicle	05/01/2018	05/31/2018
		2. Purchase materials and curriculum	05/01/2018	08/31/2018
		3. Train Staff	08/06/2018	05/22/2019
		4. Schedule and start services	08/15/2018	05/22/2019
3.	Provide parent, teacher and community training	1. Develop community and parent training surveys	08/06/2018	08/24/2018
		2. Develop training and training schedule	08/24/2018	09/01/2018
		3. Purchase materials and set up resource library	08/01/2018	05/01/2019
		4. Provide Training	08/15/2018	05/22/2019
4.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
5.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX

**Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.**

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**Schedule #14—Management Plan (cont.)**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 3: Feedback and Continuous Improvement.** Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Student progress is documented daily on goals and objectives included in each student's Individualized Education Plan (IEP). Services providers maintain the documentation. Progress is recorded and reported to parents as often as progress is reported on general education students. If any service provider or parent becomes concerned about the lack of student progress, an Admission, Review, and Dismissal (ARD) committee meeting is held to review the student's progress and make any needed changes to the IEP goals and objectives. School staff are notified of IEP changes via email. School staff have online access to the student's IEP. Parents are provided with a written copy of the student's new IEP.

**Part 4: Sustainability and Commitment.** Describe any ongoing, existing efforts that are similar or related to the planned project. How will you coordinate efforts to maximize effectiveness of grant funds? How will you ensure that all project participants remain committed to the project's success? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Currently we have an assessment team that conducts autism evaluations. The individuals on this team also have a caseload of students who they are responsible for providing IEP services, in addition to their role on the Autism Assessment team. Our current assessments are legally compliant and include recommendations for parents and school staff. But, because our current assessment staff have such limited time, their assessment reports do not include detailed, student specific recommendations of how the students can be best supported through the use of a variety of innovative sensory input devices. Their recommendations are not detailed and make it difficult for teachers, who don't know the student, to easily understand the needs of the students and recommended ways to support them. Having a team of professionals dedicated to address the identification and services of students with Autism will allow our program to make great strides in better identifying students that we may be missing. This team will be instrumental in helping our staff understand how to put together assessment reports that provide valuable information on innovative interventions and supports that can help students with Autism experience success. Our current teachers and professional staff will collaborate closely with this dedicated team to learn and grow in our skills. This same collaboration will be available to the other school districts in Region 8 who will participate in the assessment and training this team will provide. Teachers in our TCSSA schools, as well as other schools in Region 8, provide social skills training for students with Autism. But, these teachers have limited training on how to provide social skills training. According to the Region 8 Educational Service Center director, Janis McClure, many districts have self-reported this concern to our service center. We will be able to model appropriate, successful social skills training for the many teachers in Region 8 who are struggling.

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**Schedule #15—Project Evaluation**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Part 1: Evaluation Design.** List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	The number of evaluations done by the current team	1.	100% increase in students evaluated
		2.	
		3.	
2.	Survey of usefulness of autism evaluation and recommendations	1.	100% increase in assessment information used
		2.	
		3.	
3.	Social skills Improvement System	1.	Improvement in scores in at least 2 areas of the assessment
		2.	
		3.	
4.	Evaluation of the number of training participants each month	1.	100% increase in parents, teachers, and community trained
		2.	
		3.	
5.	Parent, teacher, and community member surveys	1.	An increase of knowledge about autism after each training
		2.	
		3.	

**Part 2: Data Collection and Problem Correction.** Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Early intervention is key. Using an innovative assessment and training team, the number of students being evaluated for autism can increase by 100%. The program will use the number of students evaluated by this team yearly as a baseline for efficiency and effectiveness of the evaluation team. The current autism team is only able to evaluate one student per week and it takes at least two weeks to complete the report with recommendations. This dedicated team will be able to assess the student and write the report quickly so identified students can start intervention services as soon as possible. In addition, this team will be able to better collaborate as a team which will lead to more individualized recommendations for each student. Recommendations will directly impact student achievement and functioning. Students that participate in the social skills training sessions will be given a self-monitoring rubric once a month on how well they feel they are displaying the skills learned in the training throughout the school year. Parents and teachers will collect data using rubrics in order to track skills learned. Problems with social skills training will be identified if the students are not showing improvement within the rubrics each month. If improvements are not seen the teacher will adjust groups and curriculum accordingly. To show growth through the program, the Social Skills Improvement System (an evidence-based, multi-tiered assessment) will be given at the beginning and end of the year. Scores will be compared to calculate specific gains in each area.

Parent and teacher participation and involvement has been a struggle for our district. Our district has one In-home and Parent Trainer who is also a full time teacher. Teacher training for general education teachers is only offered once a year and it is on a voluntary basis. Sending surveys to the parents and teachers in order to find what topics they would be interested in learning about would be an incentive for them to become more educated in the child's diagnosis. Having a Parent Trainer in your home can be intimidating. Giving the parents an opportunity to come to the school for training and interact with other parents that are having the same issue can be a more positive experience. Before and after each training the trainee will fill out a short questionnaire to determine the previous knowledge and benefits of the training. We plan to see an increase using this format for training with at least 5 parents and teachers in each session per week which would be a 100% increase in participation each month. If a decline in participation occurs a focus group will be held with 20 randomized parents, teachers, and community members to see how the program can improve and what incentives could be given to increase participation.

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**Statutory Requirement 1:** Describe how the program will incorporate evidence-based and research-based design and how the program will include effective use of technology. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Evidence and research-based design will be incorporated throughout the main tenants of the grant in areas of assessment, treatment and parent/community outreach. Assessment methods will consist of valid and reliable evaluation tools. Autism evaluations will be team based utilizing formal and informal assessment methods. All assessment personnel will be highly trained in the evaluation of students with disabilities and more specifically early Autism identification.

Social skill deficits are a core component of autism spectrum disorder. Social skills training help students gain communicative skills to interact with their same age peers. Hwag and Hughes (2000) reviewed 16 studies involving social skills programing for children with ASD between the ages of 2 and 12 years. They concluded that social skills training shows "considerable promise for increasing social and communicative skills." Using an innovative, one of a kind sensory vehicle, these students will be able to experience, explore and talk about topics they are learning about in their classrooms. Teaching them how to answer question about topics and giving them more background knowledge will help them interact in their inclusive environment. Doing this type of training with their general education peers will show an increase in generalization which has been lacking in most studies.

Living in a rural community, having good reliable information is very important. In this age, parents have been inundated with bad or misleading information regarding Autism. Our parent outreach and education goals will be met with reliable and valid information on topics that are relevant to the needs of our parents. During the day, when there are no schedule trainings, parents will have access to a resource library that will include technology to access online trainings from regional service centers throughout the state.

**Statutory Requirement 2:** Describe how the program will collect empirical data on student achievement and improvement and use that data to support effective program implementation. The applicant should describe the process by which baselines for these metrics will be established. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Empirical data will be gathered by various means measuring different aspects related to program performance. Baseline data will be taken from end of year scores on programs such as iStation, Renissance, TPRI, and Benchmark testing. Student achievement and improvement will also be collected from absences, tardies, grades and discipline referrals. We will also be measuring the amount of time students with Autism are spending in the regular education environment. The Social Skills Improvement System will be used to collect baseline data on social skills and to track progress throughout the program. The program director will be responsible for gathering and analyzing program data on a weekly basis, Data based decisions will be made by the teacher and assessment professionals to directly impact and positively influence student achievement and overall school functioning of the student served.

Possible additions and changes to the program evaluation will be considered after the release of the Collaborative for Academic, Social, and Emotional Learning (CASEL) assessment guide for education (Spring 2018).

**Schedule #16—Responses to Statutory Requirements (cont.)****For TEA Use Only**

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County-district number or vendor ID: 225902	Amendment # (for amendments only):
<b>Statutory Requirement 3:</b> Describe how the program will incorporate parental support and collaboration. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.	
<p>Parent involvement and collaboration is an important key to student success. This program plans to create a training center where parents can feel comfortable coming and gaining knowledge on how to help their child reach their full potential. Once a week, we will have a training available for parents, teachers and community members to learn about topics they have requested presented by experts in the area. One night a month there will be a training dedicated to parents only. This training will include information that the parents have indicated they need. The training center will also include a resource library that parents have access to during the day. The resources available will include books, recorded trainings, access to free online trainings from our region and surrounding regions, and information on community resources. Community outreach programs will be contacted such as DADs, Department of Public Health and safety, and Lakes Regional MHMR office to provide materials and trainings. In addition to the parent training once a month, we will have a lunch and learn for parents and community members. This will enable parents to come during their lunch hour to enjoy a prepared box lunch and learn about various topics related to students with Autism. The local TRAX transportation will be contacted to provide transportation to parents who need it. Lastly, a community night will be held once a month so our students with autism and families can enjoy a community outing. Many of our students are unable to go out for a simple meal or enjoy a movie with their families due to various barriers. This will give the opportunity to mitigate those barriers in environments that are sensitive to the unique needs of our families.</p>	
<b>Statutory Requirement 4:</b> Describe how the proposed program will reflect the diversity of the state and how the program can be replicated for students statewide. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.	
<p>The diversity of our area is a rich cultural mix including a large Hispanic population that has seen significant growth in our state. We have a large and historically under-served Hispanic population. When you look at the breakdown of ethnicities in our area, we more closely resemble southern and western Texas. Although our grant proposal is specifically designed to meet the needs of our students, parents and staff, its components could be easily replicated across the state regardless of demographic representations. The main tenants of the grant include comprehensive evaluations, research based social skills instruction in a sensory immersive environment and providing comprehensive and engaging information to the parents and the community.</p>	

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**TEA Program Requirement 1:** Describe how the program will use innovative approaches to effectively address the unique academic and functional needs of students with autism. Applicants may focus on new and innovative practices, new and innovative ways to remove barriers to effective implementation of accepted practices, or both. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Our program has two truly innovative concepts that will be beneficial to both academic and functional needs of our autism population. First, using an assessment team that has access to a dedicated testing center and a mobile testing vehicle gives the school district the ability to evaluate more students. This will also enable us to evaluate students in a more reasonable time so early intervention services can start as soon as possible. Research shows that early intervention is the key to helping students become successful, academically and functionally.

In addition to our assessment team, we will utilize a "sensory vehicle" that will have a variety of applications for use with our students who have a diagnosis of Autism. This type of technology, in a vehicle, has only been found in the United Kingdom. Our district would be the first in Texas, or even the r United States to have a mobile sensory room. This vehicle would enable us to function as a mobile testing, training, and multi-sensory space available when and where it is needed.

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: 225902

Amendment # (for amendments only):

**TEA Program Requirement 2:** Describe how the program will incorporate meaningful inclusion. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

When we talk about inclusion for students with disabilities, we not only want them to be successful in their academics but also the social aspect of inclusion. Our program will involve using a social skills curriculum presented in an innovative "Sensory Vehicle" that is inviting to both our students with autism and their same age peers. Teaching social skills in this setting will give the students with autism good social models to practice skills with and put them in a learning environment that is interesting and reinforcing. The same age peers will have the benefit of getting to know their disabled peers on a deeper level and also learn how to interact with them appropriately. In addition to the social skills program, students will be able to experience different places and events that can open up communication and show joint interests.

**TEA Program Requirement 3:** Describe coordination of services with private or community-based providers. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.



Coordination of community-based and private services will be used during parent, teacher and community training sessions. Service providers from around the community will be asked to either attend specific training sessions or to present training that would be beneficial to the current audience. During community nights, businesses from around the community will be asked to host events at their place of business or in and around the community. First responders will be invited to training sessions and community events to learn more about the autism community. This will also provide an opportunity for our students with autism to become familiar with these services roles in our community.

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