# Texas Education Agency Standard Application System (SAS)

| Program authority:       | Texas Educa<br>85th Texas Le  | tion Cod  | ervices to Stude, 29.027 as addere, 2017   | d by House Bill 21   | , Section 3,            |                | TEA USE ONLY        |
|--------------------------|---|---|--|--|-------------------------|----------------|---------------------|
| Grant Period:            | May 1, 2018,  | to Augu   | ıst 31, 2019   |  |                         | -              |                     |
| Application deadline:    |   |   | ne, March 8, 2018  |  |                         | Plac           | ce date stamp here. |
| Submittal information:   | Applicants moriginal signation only and signation contractual against aforemention of the contractual against a contractual against | ust subn<br>ture, and<br>ed by a<br>greemer<br>ed date<br>ment Co | nit one original cop<br>d two copies of the<br>person authorized<br>nt, must be receive<br>and time at this ad<br>ontrol Center, Grant<br>cation Agency, 170 | application, printe<br>to bind the applica<br>d no later than the<br>dress:<br>ts Administration D | d on one side int to a  | ARVO TRAINIOUS | TEXAS EDUÇATION     |
|                          | }   |   | Austin, TX 7870  | 01-1494  | Ave.                    | -              |                     |
| Contact information:     | Karin Miller, k   | arin, mill  | er@tea texas gov,  |  | Street of Street        |                | y 5                 |
|                          |   | 40.000.00   | edule #1—General   |  | The English Artifolis   | -              |                     |
| Part 1: Applicant Inform | nation  |   |  | internation .  |                         | 1.7            |                     |
| Organization name        |   | Count   | y-District #   |  |                         |                |                     |
| Goldthwaite Consolidate  | d   | 16790   |  |  | Am                      | endme          | <u>nt #</u>         |
| ndependent School Dist   |   | 10.00   | •  |  |                         |                |                     |
| Vendor ID #              |   | ESC R   | legion #   |  |                         |                |                     |
|                          |   | 12  | 3.5.7.1  |  |                         |                |                     |
| Mailing address          |   |   |  | City   | Sta                     | to             | ZIP Code            |
| PO Box 608               |   |   |  | Goldthwaite  | TX                      |                | 76844               |
| Primary Contact          |   |   |  |  |                         |                | 10044               |
| irst name                |   | M.I.  | Last name  | <del>.</del>   | Title                   |                | <del></del>         |
| lenice                   |   | M   | Benningfield   |  | Technology              | / Direct       | OF                  |
| elephone#                |   | Email a   | address  |  | FAX #                   | , Direct       |                     |
| 325-648-3531             |   | j.bennii  | ngfield@goldisd.ne   | t  | 325-648-24              | 156            |                     |
| Secondary Contact        |   |   |  |  | 1                       |                |                     |
| irst name                |   | M.I.  | Last name  |  | Title                   |                |                     |
| anya                     |   |   | Patterson  |  | Dyslexia S <sub>I</sub> | ecialis        | <del></del>         |
| elephone#                |   | Email a   | ddress   |  | FAX#                    |                |                     |
| 25-648-3630              | -   | Loction   | son@goldisd.net  |  | 325-648-24              |                |                     |

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 Ronny Telephone #

325-648-3531

M.I. Last name R Wright

r.wright@goldisd.net

Email address

Title

Superintendent

FAX#

325-648-2456

Signature (blue ink preferred)

may sign thi

Date signed

701-18-108-017

RFA #701-18-108; SAS #292-18 2018–2019 Services to Students with Dyslexia

Page 1 of 28

| Schedule #1—General Inform                                 | nation                             |
|--|------------------------------------|
| County-district number or vendor ID: 167901                | 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   | Applicat           | ion Type   |
|----------|---|--------------------|--|
| #        |   | New                | Amended  |
| 11       | General Information   |                    |  |
| 2        | Required Attachments and Provisions and Assurances          |                    | N/A  |
| 3        | Certification of Shared Services                            |                    | 177  |
| 4        | Request for Amendment                                       | N/A                | X  |
| 5        | Program Executive Summary                                   |                    | <del>- 13</del> -                                |
| 6        | Program Budget Summary                                      |                    | <del> </del>                                     |
| 7        | Payroll Costs (6100)  | *See               | <del> </del>                                     |
| 8        | Professional and Contracted Services (6200)                 |                    |  |
| 9        | Supplies and Materials (6300)                               | important note for |  |
| 10       | Other Operating Costs (6400)                                | competitive        |  |
| 11       | Capital Outlay (6600)                                       | grants             | <del>-                                    </del> |
| 12       | Demographics and Participants to Be Served with Grant Funds | grants             |  |
| 13       | Needs Assessment  |                    | <del></del>                                      |
| 14       | Management Plan   |                    |  |
| 15       | Project Evaluation  |                    | <del>-  - </del>                                 |
| 16       | Responses to Statutory Requirements                         |                    | <del>-  -</del>                                  |
| 17       | Responses to TEA Requirements                               |                    | —  |

\*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: 167901 | 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 f | iscal-related attachments are                     | required for this grant.                           |
| #    | Name of Required<br>Program-Related<br>Attachment | Description of Required Program-Related Attachment |
| No p | program-related attachments a                     | are required for this grant.                       |
| Part | 2: Acceptance and Complia                         | nce  |

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.

| х | Acceptance and Compliance  |
|---|--|
|   | I certify my acceptance of and compliance with the General and Fiscal Guidelines.  |
|   | I certify my acceptance of and compliance with the program guidelines for this grant.  |
|   | I certify my acceptance of and compliance with all General Provisions and Assurances requirements.   |
|   | I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all<br>Debarment and Suspension Certification requirements. |

| 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 an                | nd Provisions and Assurances       |
|--|------------------------------------|
| County-district number or vendor ID: 167901        | 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 dyslexia.  |
| 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 the program will incorporate meaningful inclusion.  |
| 12. | 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.   |
| 13. | 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.   |
|     |   |

| F   | or 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 #3—Certification of Shared Services

County-district number or vendor ID: 167901

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<br>Email Address | Funding Amount |  |
|-----------------|----------------------------|--|---------------------------------------|----------------|--|
| Fis             | cal Agent                  |  |                                       |                |  |
| 1.              | 167901                     | Ronny Wright 325-648-3531              |                                       |                |  |
| 1.              | Goldthwaite CISD           | Honey Line                             | cwright@goldisd.net                   | 79205.80       |  |
| Me              | mber Districts             | UR)                                    |                                       |                |  |
| 2.              | N/A                        | Name                                   | Telephone number                      |                |  |
| ۷.              | County-District Name       |  | Email address                         | Funding amount |  |
| 3.              | County-District #          | Name                                   | Telephone number                      |                |  |
| J.              | County-District Name       |  | Email address                         | Funding amount |  |
| 4.              | County-District #          | Name                                   | Telephone number                      |                |  |
| <del>-7</del> , | County-District Name       |  | Email address                         | Funding amount |  |
| 5.              | County-District #          | Name                                   | Telephone number                      |                |  |
| J.              | County-District Name       |  | Email address                         | Funding amount |  |
| 6.              | County-District #          | Name                                   | Telephone number                      |                |  |
| J.              | County-District Name       |  | Email address                         | Funding amount |  |
| 7.              | County-District #          | Name                                   | Telephone number                      |                |  |
| <u>'</u> .      | County-District Name       |  | Email address                         | Funding amount |  |
| В.              | County-District #          | Name                                   | Telephone number                      |                |  |
| o.              | County-District Name       |  | Email address                         | Funding amount |  |

| 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: |  |

| Co                 | unty-district number or vend                                      | or ID: 167901 | Amendment # (                         | for amendments only) |  |
|--------------------|---|---------------|---------------------------------------|----------------------|--|
| #                  | County-District # and Name Authorized Official Name and Signature |               | Telephone Number and<br>Email Address | Funding Amount       |  |
| Me                 | mber Districts  |               |                                       |                      |  |
| 9.                 | County-District #   | Name          | Telephone number                      | _                    |  |
| 3.                 | County-District Name  |               | Email address                         | Funding amount       |  |
| 10.                | County-District #   | Name          | Telephone number                      |                      |  |
| 10.                | County-District Name  |               | Email address                         | Funding amount       |  |
| 11.                | County-District #   | Name          | Telephone number                      |                      |  |
| 11,                | County-District Name  |               | Email address                         | Funding amount       |  |
| 12.                | County-District #   | Name          | Telephone number                      |                      |  |
| 12                 | County-District Name  |               | Email address                         | Funding amount       |  |
| 13.                | County-District # Name Telephon                                   |               | Telephone number                      |                      |  |
| 10.                | County-District Name  |               | Email address                         | Funding amount       |  |
| 14.                | County-District #   | Name          | Telephone number                      | Funding amount       |  |
| · <del>· · ·</del> | County-District Name  |               | Email address                         |                      |  |
| 15                 | 5.  |               | Telephone number                      |                      |  |
|                    | County-District Name  |               | Email address                         | Funding amount       |  |
| 16.                | County-District # Name Te   |               | Telephone number                      |                      |  |
|                    | County-District Name  |               | Email address                         | Funding amount       |  |
| 17.                | County-District #   | Name          | Telephone number                      | _ ,,                 |  |
|                    | County-District Name  |               | Email address                         | Funding amount       |  |
| 18.                | County-District #   | Name          | Telephone number                      |                      |  |
| J.                 | County-District Name  |               | Email address                         | Funding amount       |  |
| 9.                 | County-District #   | Name          | Telephone number                      |                      |  |
| <b>J</b> .         | County-District Name  |               | Email address                         | Funding amount       |  |
| .O.                | County-District #   | Name          | Telephone number                      |                      |  |
|                    | County-District Name  |               | Email address                         | Funding amount       |  |
|                    | <del></del>   |               | Grand total:                          | 79205.80             |  |

| 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—Reque                           | est for Amendment                  |
|---|------------------------------------|
| County-district number or vendor ID: 167901 | 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 <u>TEA Grant Opportunities</u> 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 |                                     |                          |   |                   |                 |                    |
|------------------------|-------------------------------------|--------------------------|---|-------------------|-----------------|--------------------|
|                        |                                     |                          | Α   | В                 | С               | D                  |
| #                      | Schedule #                          | Class/<br>Object<br>Code | Grand Total from<br>Previously<br>Approved Budget | Amount<br>Deleted | Amount<br>Added | New Grand<br>Total |
| 1.                     | Schedule #7: Payroll                | 6100                     | \$  | \$                | \$              | s                  |
| 2.                     | Schedule #8: Contracted Services    | 6200                     | \$  | s                 | S               | S                  |
| 3.                     | Schedule #9: Supplies and Materials | 6300                     | \$  | \$                | s               | \$                 |
| 4.                     | Schedule #10: Other Operating Costs | 6400                     | \$  | s                 | S               | \$                 |
| 5.                     | Schedule #11: Capital Outlay        | 6600                     | \$  | S                 | \$              | \$                 |
| 6.                     | Total direct costs:                 |                          | \$  | s                 | \$              | S                  |
| 7.                     | Indirect c                          |                          | S   | \$                | \$              | \$                 |
| 8.                     |                                     | otal costs:              | \$  | \$                | \$              | \$                 |

| For TEA Use Only  |                                     |  |
|---|-------------------------------------|--|
| Changes on this page have been confirmed with:  Via telephone/fax/email (circle as appropriate) | On this date:  By TEA staff person: |  |

| Schedule #4—Request for Amendment (cont.) |                                     |  |  |  |
|---|-------------------------------------|--|--|--|
|   |                                     | Amendment # (for amendments only):   |  |  |
| Part 4: Amendment Justification           |                                     |  |  |  |
| Schedule #<br>Being<br>Amended            | Description of Change               | Reason for Change  |  |  |
|   |                                     |  |  |  |
|   |                                     |  |  |  |
|   |                                     |  |  |  |
|   |                                     |  |  |  |
|   |                                     |  |  |  |
|   |                                     |  |  |  |
|   |                                     |  |  |  |
|   | Amendment Justific Schedule # Being | -district number or vendor ID: 167901  Amendment Justification  Schedule # Being Description of Change |  |  |

| 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 #5—Program Executive Summary

County-district number or vendor ID: 167901

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. Goldthwaite ISD is applying for this grant because we believe early intervention and identification of students with Dyslexia is critical to their success. We currently have 14 students in grades PreK-3 identified out of a total of 172 students. This is only 8%. In the 4th and 5th grade, we have a total of 93 students, 26 of which are identified as dyslexic. That is 28%. The overall difference is 20% of our students that were not identified before 4th grade. That indicates to us that we need to focus on identifying these students earlier. This grant would enable us to have a designated instructor and training for lower grade levels. The instructor can easily screen students who appear to be struggling readers and make sure they are getting all of the help they need. Our district as a whole is committed to serving the needs of all students. While we recognize that a large part of our student population is dyslexic, due to a lack of funding for the program, it can be difficult to meet everyone's needs. Our 3 designated instructors are shared between campuses and resources are shared as well. Our program is strong and our instructors have been trained in using MTA, our curriculum for dyslexia. We also provide learning ally and an ipad to students as an accommodation. We recognize dyslexia impacting our reading score, which were close to the state average in 2016 (79%), as well as impacting our math scores with the new TEKS including more word problems. In 2016, our 3rd grade math scores were below state average at 68%. These scores improve substantially post intervention. This grant will also help us comply with HB 1886, which mandates that every student be screened prior to the end of 1st grade.

Our budget was developed around the students that are currently being served, as well as looking at current TPRI results to identify students that appear to be in need of screening in grades PreK-3. We identified the need for another teacher to focus and assist in these lower grade levels. Currently, we have one teacher full time and one teacher part time at the elementary campus to serve all 40 students. (The part time teacher we share with middle school.) This can be challenging since students are grouped by the MTA program to work in kits. It is ideal if students working in the same kit are seen by the teacher at the same time. This makes scheduling all students difficult with the limited staff we have. It is also difficult to work time into their schedule to screen students and work with teachers on identifying students in the lower grade levels. We also provide an assistive device for every student (an iPad). This device is loaded with Learning Ally (where students can read books), audio exam reader (teachers will read their exams into the device so the student can listen to the questions), and dragon dictation (where students can use speech to text). We are including Scottish Rights "Take Flight" training for all dyslexia staff as well. This training teaches how to identify as well as intervention methods for dyslexic students. One of our teachers has already had this training.

We have a designated Dyslexia Coordinator and a lead teacher who oversee the program and gather information on best practices. These individuals identified a need to screen students in lower grade levels even prior to the grant. To try and assist with this goal, our kindergarten classes were departmentalized and the designated reading teacher was sent to training on the MTA curriculum and dyslexia. It can be difficult for a regular education teacher to find the time to identify all struggling students. It is also difficult for our existing staff to screen all struggling students, and near impossible for them to screen all students. Right now, our lead teacher also has students at middle and high school. Our Coordinator is also our Elementary Principal. Having an additional teacher for the lower levels will not alleviate all of the multiple hats our staff wear, however, it will allow students in the lower grade levels to be identified and received services. The Coordinator, lead teacher and 2 dyslexia teachers meet with parents and show them lessons and give updates on student progress multiple times through the year. We host a large parent meeting with all parents and students as well to seek input on how the program is working for each student. These factor into our needs assessment process and help us identify its efficacy. If changes need to be made, they are identified and made in this process. We measure student success as progress. This can be evident on mastery of TEKS, increased STAAR scores, and increased class participation. We also hear from parents and teachers that as their strategies are enhanced, their struggle with homework and classwork becomes less.

We are a small, rural school. Our demographics have really started to shift, beginning with our lower grade levels. Our pre-k program serves 17 students who are all economically disadvantaged. We have seen an overall increase in our economically disadvantaged status. As a campus, we are now 55% economically disadvantaged. We have seen an increase in our foster student population as well. Since our dyslexia program is still new, our numbers are increasing

| 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: |

| manifely Management of the Control o |   |
|--|---|
| rapidly. We are testing 9 additional students this week. Unficurrently, as a district, we serve 67 students in our program student population is dyslexic. We anticipate this number to the opportunity to begin screening students prior to the 2 <sup>nd</sup> success. Currenlty, our students in PreK-3 that are served  | n. We have 575 students enrolled, which means 12% of our be much higher and are hoping that this grant will give us grade, because early identification is critical to the students |
| After the grant period, Goldthwaite CISD will continue to en PreK-3. We will continue to utilitze the Scottish Rights "Tak also continue to utilize all early intervention and program ex met. The success of the program will be evidenced with stu   | valuation tools to make certain that all students needs are   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Schedule #5—Program E  | xecutive Summary (cont.)  |
| County-district number or vendor ID: 167901  | Amendment # (for amendments only):  |
| Provide a brief overview of the program you plan to deliver. elements of the summary. Response is limited to space provided to space provi | Refer to the instructions for a description of the requested vided, front side only, font size no smaller than 10 point Arial.  |
| 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:  |

| County-distric   | t number or vendor ID: 167901                  |                          | Amend                | ment # (for amen  | dments only):          |
|--|--|--------------------------|----------------------|-------------------|------------------------|
| Program auth   | ority: Texas Education Code, 29.027,           | House Bill 2             | 1, Section 3, 85th T | exas Legislature, | 2017                   |
| Grant period:  | May 1, 2018, to August 31, 2019                |                          | Fund code/shared     | services arrange  | ment code: 429/459     |
| Budget Sum   | nary   |                          |                      |                   |                        |
| Schedule #   | Title  | Class/<br>Object<br>Code | Program Cost         | Admin Cost        | Total Budgeted<br>Cost |
| Schedule #7  | Payroll Costs (6100)                           | 6100                     | \$49630              | \$5500            | \$55130                |
| Schedule #8  | Professional and Contracted<br>Services (6200) | 6200                     | \$12695.80           | \$0               | \$12695.80             |
| Schedule #9  | Supplies and Materials (6300)                  | 6300                     | \$4200               | \$0               | \$4200                 |
| Schedule #10   | Other Operating Costs (6400)                   | 6400                     | \$0                  | \$0               | \$0                    |
| Schedule #11   | Capital Outlay (6600)                          | 6600                     | \$7180               | \$0               | \$7180                 |
|  | Total di                                       | \$73705.80               | \$5500               | \$0               |                        |
|  | Percentage% indirect costs (                   | (see note):              | N/A                  | \$0               | \$0                    |
| Grand total of   | budgeted costs (add all entries in eacl        | \$73705.80               | \$5500               | \$79205.80        |                        |
|  | Shared   | Services A               | rrangement           |                   |                        |
| Payments to member districts of shared services arrangements   |  |                          | \$0                  | \$0               | \$0                    |
|  | Adminis  | trative Cos              | t Calculation        |                   |                        |
| Enter the total grant amount requested:  |  |                          |                      | \$79205.80        |                        |
| 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: |  |                          |                      | \$11880.87        |                        |

Schedule #6—Program Budget Summary

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.

| 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 #7—                                | Payroll Costs (6100)                       |                                   |                          |  |  |  |
|--------------------------------------|----------|---|--|-----------------------------------|--------------------------|--|--|--|
| Co                                   | unty-dis | trict number or vendor ID: 167901           | Amen                                       | dment # (for am                   | endments only):          |  |  |  |
|                                      |          | Employee Position Title                     | Estimated # of Positions 100% Grant Funded | # of Positions <100% Grant Funded | Grant Amount<br>Budgeted |  |  |  |
| Ac                                   | ademic   | /Instructional                              |  | 1 dilada                          |                          |  |  |  |
| 1                                    | Teach    | ner   | 1  | 0                                 | \$49630                  |  |  |  |
| 2                                    | Educa    | ational aide                                | 0  | 0                                 | \$0                      |  |  |  |
| 3                                    | Tutor    |   | 0  | 0                                 | \$0                      |  |  |  |
| Pro                                  | gram N   | lanagement and Administration               |  | <u> </u>                          |                          |  |  |  |
| 4                                    | Projec   | t director/administrator                    | 1  | 0                                 | \$3500                   |  |  |  |
| 5                                    |          | t coordinator                               | 0  | 0                                 | \$0                      |  |  |  |
| 6                                    |          | er facilitator                              | 1  | 0                                 | \$2000                   |  |  |  |
| 7                                    |          | er supervisor                               | 0  | 0                                 | \$0                      |  |  |  |
| 8                                    |          | tary/administrative assistant               | 0  | 0                                 | \$0                      |  |  |  |
| 9_                                   |          | entry clerk                                 | 0  | 0                                 | \$0                      |  |  |  |
| 10                                   |          | accountant/bookkeeper                       | 0  | 0                                 | \$0                      |  |  |  |
| 11   Evaluator/evaluation specialist |          |   | 0  | 0                                 | \$0                      |  |  |  |
| Aux                                  | ciliary  |   |  |                                   |                          |  |  |  |
| 12                                   |          |   | 0  | 0                                 | \$0                      |  |  |  |
| 13                                   |          | worker                                      | 0  | 0                                 | \$0                      |  |  |  |
| 14                                   |          | unity liaison/parent coordinator            | 0  | 0                                 | \$0                      |  |  |  |
| Oth                                  |          | loyee Positions                             |  |                                   |                          |  |  |  |
| 15                                   | Title    |   |  |                                   | \$                       |  |  |  |
| 16                                   | Title    |   |  |                                   | \$                       |  |  |  |
| 17                                   | Title    |   |  |                                   | \$                       |  |  |  |
| 18                                   |          |   | Subtotal emp                               | oloyee costs:                     | \$                       |  |  |  |
| Sub                                  | stitute, | Extra-Duty Pay, Benefits Costs              |  |                                   |                          |  |  |  |
| 19                                   | 6112     | Substitute pay                              |  |                                   | <br>\$0                  |  |  |  |
| 20                                   | 6119     | 6119 Professional staff extra-duty pay      |  |                                   |                          |  |  |  |
| !1                                   | 6121     | Support staff extra-duty pay                |  |                                   | \$0<br>\$0               |  |  |  |
| 22                                   | 6140     | Employee benefits                           |  |                                   | \$0                      |  |  |  |
| 23                                   | 61XX     | Tuition remission (IHEs only)               |  |                                   | \$0                      |  |  |  |
| 24                                   |          | Subtotal                                    | substitute, extra-duty, be                 | enefits costs                     | \$0                      |  |  |  |
| 25                                   | Grand    | i total (Subtotal employee costs plus subto | tal substitute, extra-du                   | ty, benefits costs):              | \$55130                  |  |  |  |

| 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 #8—Professional and Contracted Service  | s (6200)                            |
|-----|--------------|--|-------------------------------------|
|     |              | y-district number or vendor ID: 167901 Amendm  | nent # (for amendments only):       |
| NC  | )TE          | : Specifying an individual vendor in a grant application does not meet the application   | icable requirements for sole-source |
| pro | ovide        | ers. TEA's approval of such grant applications does not constitute approval of   | a sole-source provider.             |
|     |              | Professional and Contracted Services Requiring Specif  | ic Approval                         |
|     |              | Expense Item Description   | Grant Amount<br>Budgeted            |
|     |              | Rental or lease of buildings, space in buildings, or land  |                                     |
| 62  | 69           | Specify purpose:   | \$0                                 |
|     | a.           | Subtotal of professional and contracted services (6200) costs requiring specific approval:   | \$0                                 |
|     |              | Professional and Contracted Services   |                                     |
| #   |              | Description of Service and Purpose   | Grant Amount<br>Budgeted            |
| 1   | S            | cottish Rights "Take Flight" Training, \$2600/person x3  | \$7800                              |
| 2   |              | ileage for both training sessions; \$610.40 x2   | \$1220.80                           |
| 3   |              | otel costs - week one  | \$1911                              |
| 4   | H            | otel costs – week two  | \$1764                              |
| 5   | -            |  | \$                                  |
| 6   | <b>↓</b>     |  | \$                                  |
| 7   | <del> </del> |  | \$                                  |
| 8   | -            |  | \$                                  |
| 9   | ├            |  | \$                                  |
| 10  | -            |  | \$                                  |
| 11  | -            |  | \$                                  |
| 12  | ├—           |  | \$                                  |
| 14  | -            |  | \$                                  |
|     |              |  | \$                                  |
|     |              | The state of the s | \$12695.80                          |
|     | с.<br>       | Remaining 6200—Professional and contracted services that do not requespecific approval:  | uire \$0                            |
|     |              | (Sum of lines a, b, and c) Gran  | d total \$12695.80                  |

| For TE  | A Use Only                          |
|---|-------------------------------------|
| Changes on this page have been confirmed with:  Via telephone/fax/email (circle as appropriate) | On this date:  By TEA staff person: |
|   | <del></del>                         |

| Schedule #9—Supplies   | and Materials (6300)    |                          |
|--|-------------------------|--------------------------|
| County-District Number or Vendor ID: 167901                  | Amendment number (for a | mendments only):         |
| Supplies and Materials Red                                   |                         |                          |
| Expense Item Description                                     |                         | Grant Amount<br>Budgeted |
| 6300 Total supplies and materials that do not require specif | īc approval:            | \$4200                   |
|  | Grand total:            | \$4200                   |

| 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 #10—Other Operating   | Costs (6400)             |                          |
|-------|--|--------------------------|--------------------------|
| Count | y-District Number or Vendor ID: 167901   | Amendment number (for a  | mendments only):         |
|       | Expense Item Description   |                          | Grant Amount<br>Budgeted |
| 6411  | Out-of-state travel for employees. Must be allowable per Prog grantee must keep documentation locally. | ram Guidelines and       | \$0                      |
|       | Subtotal other operating costs requ  | iring specific approval: | \$0                      |
|       | Remaining 6400—Other operating costs that do not rec   | quire specific approval: | \$0                      |
|       |  | Grand total:             | \$0                      |

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

| 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: |

|  | nty-District Number or Vendor ID: 167901  | Ame                                      | endment numbe         | r (for amendments only): |
|--|---|--|-----------------------|--------------------------|
| #_   | Description and Purpose   | Quantity                                 | Unit Cost             | Grant Amount Budgeted    |
| 666  | 9—Library Books and Media (capitalized and co   | ntrolled by library                      | )                     |                          |
| _1_  |   | N/A                                      | N/A                   | \$                       |
|  | X—Computing Devices, capitalized  |  |                       |                          |
| 2_   | iPads   | 20                                       | \$329                 | \$6580                   |
| 3  |   |  | \$                    | \$                       |
| 4  |   |  | \$                    | \$                       |
| 5  |   |  | \$                    | \$                       |
| 6  |   |  | \$                    | \$                       |
| 7  |   |  | \$                    | \$                       |
| 8  |   |  | \$                    | \$                       |
| 9  |   |  | \$                    | \$                       |
| 10   |   |  | \$                    | \$                       |
| 11   |   |  | \$                    | \$                       |
|  | K—Software, capitalized   |  |                       |                          |
| 12   |   |  | \$                    | \$                       |
| 13   |   |  | \$                    | \$                       |
| 14   |   |  | \$                    | \$                       |
| 15   |   |  | \$                    | \$                       |
| 16   |   |  | \$                    | \$                       |
| 17   |   |  | \$                    | \$                       |
| 18   |   |  | \$                    | \$                       |
|  | —Equipment or furniture   |  |                       |                          |
| 19   | Cases for iPads   | 20                                       | \$30                  | \$600                    |
| 20   |   |  | \$                    | \$                       |
| 21   |   |  | \$                    | \$                       |
| 22   |   |  | \$                    | \$                       |
| 23   |   |  | \$                    | \$                       |
| 24   |   |  | \$                    | \$                       |
|  |   |  | \$                    | \$                       |
|  |   |  | \$                    | \$                       |
| 26   |   |  |                       | <del>-</del>             |
| 26<br>27                                   |   |  | \$                    | \$                       |
| 26<br>27<br>28                             |   |  | S                     | \$                       |
| 26<br>27<br>28<br>6XX<br>1cre              | —Capital expenditures for additions, improvem ase their value or useful life (not ordinary repai  | nents, or modificat                      | \$<br>ions to capital | \$                       |
| 25<br>26<br>27<br>28<br><b>6XX</b><br>1cre | —Capital expenditures for additions, improvem ase their value or useful life (not ordinary repair | nents, or modificat<br>rs and maintenand | \$<br>ions to capital | \$                       |

| 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: |  |  |  |  |  |

|  | S                  | cheduie                 | #12—Democ                          | raphics of Pa  | rticipants to Be  | Sor      | vad with C    | Prant Funde          |  |
|--|--------------------|-------------------------|------------------------------------|--|---|----------|---------------|----------------------|--|
| County-district                          | numbe              | er or ven               | dor ID: 16790                      | )1   |   | Δn       | nendment      | # (for amen          | dmonte only):  |
| grade projected                          | to be<br>uested    | served i<br>I that is i | under the gra<br>mportant to u     | nt program.  Us<br>nderstanding th   | se the comment :<br>se population to b                    | otal i   | number of     | students an          | d teachers in each<br>of any data not<br>gram. Response is |
| School Type:                             | l <b>.</b>         |                         | ollment Charter                    | ☐ Private Nonp   | rofit   | ☐ Privat | e For Profit  | ☐ Public Institution |  |
| Grade Number of Student                  |                    | s                       | Number of Te                       | ache   | ers   | Student/ | Teacher Ratio |                      |  |
| PK                                       |                    | 17                      |                                    |  | 1   |          |               | 17/1                 |  |
| К  |                    | 46                      |                                    |  | 3   |          |               | 46/3                 |  |
| 1 <sup>st</sup> 33                       |                    |                         | 3                                  |  | 33/3  |          |               |                      |  |
| 2 <sup>nd</sup>                          | 2 <sup>nd</sup> 35 |                         |                                    | 3  |   | 35/3     |               |                      |  |
| 3 <sup>rd</sup> 41                       |                    |                         | 3                                  |  | 41/3  |          |               |                      |  |
| COMMENTS                                 |                    |                         |                                    |  |   |          |               |                      |  |
| aud a descriptio                         | on or all<br>grant | ny data r<br>program    | not specifically<br>i. Response is | / requested tha  | n to be provided<br>t is important to<br>se provided. Use | unde     | erstanding    | the amount           | comment section to of instruction to be 10 point.          |
|  | An                 | nount of                | Instruction                        |  |   |          | COI           | MENTS                |  |
| School day hours<br>(ex) 8:30am – 4:30pm |                    |                         | 8am-3:45                           | This is the total amount of instruction a K-3 students during the day. PreK is |   |          |               |                      |  |
| Number of days                           | s in so            | hool ye                 | ar                                 | 167  |   |          |               |                      |  |
| Minutes of inst                          | ructio             | n per sc                | hooi year                          | 78415  | Our Pre k   | woi      | uld be diffe  | rent: it is a l      | half day program   |

| Fo  | r 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: |  |

Need

#### Schedule #13—Needs Assessment

County-district number or vendor ID: 167901

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.

For our district, which is small and rural, students are really named individuals for us. We try to meet every students needs. We meet with teachers and aides regularly. We meet with parents to review TPRI and CLI Engage three times per year. The results for their Beginning of Year, Middle of Year, and End of Year results are reviewed and discussed. Aides, teachers and administrators attempt to identify areas where students seem to struggle. We prioritize the need of every student, however, if there are specific groups of students, as in dyslexia that need served, we try to meet the needs of student groups first.

We implemented our dyslexia program 4 years ago, this year. When we began identifyling students, we saw that ¼ of our population was currently dyslexic. We are sure there are other students that we miss in our screening – partly because this is fairly new to our staff, and partly because of a lack of training and availability of qualified Dyslexia staff. While we are easily identifying severe students, some of our students, especially in our lower grade levels, are not being identified. We departmentalized all the way down to Kindergarten, and designated a reading teacher for each grade level. Just this last year, we sent the Kindergarten reading teacher to training on MTA, our dyslexia program.

This grant will help us address the need to assess our students beginning in earlier grade levels. Our elementary campus was selected for this grant since they are our only campus serving PreK-3<sup>rd</sup> grade students.

| 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 #13—Needs Assessment (cont.)

County-district number or vendor ID: 167901

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.

| 10 8 | to space provided, front side only. Use Arial font, no smaller than 10 point.  |  |  |  |  |  |
|------|--|--|--|--|--|--|
| #    | Identified Need  | How Implemented Grant Program Would Address  |  |  |  |  |
| 1.   | Have trained individual that screens and works with students in grades PreK-3. Identification needs to happen early than it is currently. Comply with HB 1886 and screen all students prior to second grade. | The grant will fund a dedicated teacher to screen every student.   |  |  |  |  |
| 2.   | Train specialized teachers to effectively work with dyslexia students in a pull out program, beginning in PreK-3 <sup>rd</sup> grade.  | The grant will fund training for all 3 of the dyslexia teachers so they can better assess students and screen all students early on. All teachers will be involved in screening all students prior to 2 <sup>nd</sup> grade and then dedicated PreK-3 teacher will work with students. |  |  |  |  |
| 3.   | Provide students with assistive technology and load it appropriately with apps that have been proven to work in the dyslexia program.  | 1:1 ipads for students identified dyslexic.  |  |  |  |  |
|      |  |  |  |  |  |  |
| 4.   | Generally raise awareness of dyslexia and our program among all teachers.  | Have staff meetings that address the efficacy of the plan.   |  |  |  |  |
|      |  |  |  |  |  |  |
| 5.   |  |  |  |  |  |  |
|      |  |  |  |  |  |  |

| 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: |  |

#### County-district number or vendor ID: 167901 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 PreK-3 Qualifications - teaching certificate to include K-4 and possibly EC-4; Experience with Learning 1. Dyslexia Ally, MTA, and working with students with Dyslexia Teacher Familiarity with the Dyslexia Program at GCISD. Someone currently working in the program willing to take charge of the project, arrange meetings, and report on efficacy. They will also 2. **Project Director** coordinate with Technology on identified students and their 1:1 needs. Current instructor that would be willing to take a "lead" teacher role and oversee scheduling of Teacher 3. screening for younger students, as well as scheduling intervention plans for younger students. Facilitator

Schedule #14—Management Plan

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        | Objective Milestone |  | Begin Activity | End Activity |  |
|------------|------------------|---------------------|--|----------------|--------------|--|
| 1.         | INIAVI ZUTK —    | 1. Sear             | ch for qualified personnel to fill all roles   | 05/01/2018     | 08/01/2018   |  |
| <u>'</u> . |                  | 2. Post             | teaching position  | 05/01/2018     | 08/01/2018   |  |
| 2.         | May 1, 2018      | held                | Contact Scottish Rights and schedule training to be held in June/July/August – depending on staff hiring |                |              |  |
|            |                  |                     | Screening to coincide with BOY TPRI window   | 09/2018        | 09/2018      |  |
| 3.         | September 2018   | K-2                 | ew TPRI results to prioritize initial screenings in  | 09/2018        | 09/2018      |  |
|            |                  | 3. Revie            | ew BOY in CLI Engage with PreK   | 09/2018        | 09/2018      |  |
|            |                  | 4. Orde             | r iPads  | 09/01/2018     | 09/30/2018   |  |
|            |                  |                     | nue Screening and review TPRI MOY  | 10/2018        | 11/2018      |  |
| 4.         | December         | 2. Have comp        | every PreK-3 students initial screening lete   | 12/1/2018      | 12/15/2018   |  |
|            |                  |                     | working with all identified students   | 10/2018        | 12/2018      |  |
| 5,         | September-May 2. | Succe               | ngs with teacher bi-monthly to discuss<br>ess of program   | 09/2018        | 05/2018      |  |
|            |                  | for ef              | w data from students BOY to EOY screenings fectiveness of program  | 05/2018        | 05/2018      |  |

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.

| 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 #14—Management Plan (cont.)

County-district number or vendor ID: 167901

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.

We have team meetings twice per month with key faculty for Dyslexia. We have faculty meetings once per month and discuss the program and receive feedback from teachers on how it is working. We have formal referrals that teachers fill out to have a student screened with a Dyslexia teacher. This process seems to be working just ok. With the addition of a teacher for K-3, all students will be screened. We host parent meetings at meet the teacher, as well as individual grade level meetings at the beginning of the year. The new PreK-3 designated Dyslexia teacher will attend these grade level meetings as well and let all parents and community members know we will be screening all students. The local paper attends the events and will publish a report also.

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.

We are screening students as we can. If they are really struggling and Dyslexia receives a referral, they screen the student. We would like to reverse this process and screen all students, not only to comply with HB 1886, but also to ensure we aren't missing early intervention for any student. Our PreK-3 numbers should begin mirroring our numbers identified in fourth grade and beyond, which are currently average ten students per grade level. We should see vast improvements in students reading and math levels; TPRI scores and ultimately, in the 3rd grade, STAAR scores and students all around success.

| 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 #15—Project Evaluation

County-district number or vendor ID: 167901

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

| _  | to open provided in one class only. Ose what forth, no smaller than to point. |  |  |
|----|---|--|--|
| #  | Evaluation Method/Process   | Associated Indicator of Accomplishment |  |
|    | Faculty Meetings  | 1.                                     | See an increase in screening PreK-3  |
| 1. |   | 2.                                     | Review any barriers/accomplishments  |
|    |   | 3.                                     | Schedule times for screening of all students, prioritizing struggling students |
|    | TPRI/CLI Engage   | 1.                                     | Review initial Beginning of Year Reading Benchmark                             |
| 2. |   | 2.                                     | Select struggling readers for inititial screen                                 |
|    |   | 3.                                     | Review growth curves from previous years; set targets                          |
|    | Post Middle of Year TPRI/CLI  | 1.                                     | Compare growth curves – Students identified should improve at a better         |
|    | Engage  |  | rate   |
| 3. |   | 2.                                     | Review number of students identified – number should increase                  |
|    |   | 3.                                     | Discuss adaptive technology and review usage reports – increase in             |
|    |   |  | students reading   |
|    | Programs will reflect student   | 1.                                     | TPRI/CLI Engage/ STAAR scores should improve                                   |
| 4. | achievements – reports will be  | _2.                                    | Learning Ally usage should increase for student reading                        |
|    | disaggregated   | 3.                                     | Test scores should improve with use of Audio Exam: decoding knowledge          |

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.

- 1. Initial meetings and training will be for Dyslexia Teachers and Administrators.
- 2. Teacher meetings with dyslexia teachers to review BOY TPRI/CLI Engage/Benchmarking for all Prek-3<sup>rd</sup> students prior to the end of September.
- 3. Lists will generate order in which students will be screened based on these results.
- 4. All students will be screened and accomodations will be set. Students identified will begin seeing the dyslexia teacher.
- 5. Progress in the MTA kits, Learning Ally, and exams using audio exam creator will be monitored. Students will show improvement in academic subjects. Reading improvement will be evidenced by increased scores on MOY and EOY TPRI and CLI Engage. 3rd grade benchmark scores for TEKS mastery and STAAR scores will improve on both reading and math tests. Math will improve due to reading word problems and decoding abilities increasing in students.
- 6. Teachers will discuss progress at monthly staff meetings with entire staff.
- 7. Number of students identified in grades Prek-3 will increase.
- 8. Parent meetings will be hosted as well as 504 meetings to address any parent/student needs.
- 9. All data will be reviewed at the end of the year, as well as ongoing throughout the year.

| For T   | EA Use Only                         |
|---|-------------------------------------|
| Changes on this page have been confirmed with:  Via telephone/fax/email (circle as appropriate) | On this date:  By TEA staff person: |
|   |                                     |

## Schedule #16—Responses to Statutory Requirements (cont.) County-district number or vendor ID: 167901 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. Since Dyslexia affects how students' brains cope with the spoken and written word, it is imperative that assistive technology provides value in allowing them to have access to apps that incorporate accomodations such as speech to text, audio books, and even math, science, and social study apps that help the learning process by reading text. We selected the ipad after reading a lot of research and seeing that it had the most apps that were available for dyslexia. It is compatible with Learning Ally, our audio book program, which was necessary. We allow modifications on exams, and audio exam creator was easy for the teacher to use to read the text of the test. Then, the student can use audio exam reader to listen to questions on the exam and answer them. This allows students to have multiple resources in one device. 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. We will begin looking at the CLI Engage, TPRI and initial benchmarks form the regular education classroom. Students will be placed in priority lists for screening, so that the student who struggles the most will receive assistance the fastest. However, we will continue screening until every student is screened prior to the 2<sup>nd</sup> grade. Reports from programs that are technology based, and well as students 3 time per year formal testing will be reviewed. Once students are identified, information from intervention programs, teachers, and completion of MTA kits will be monitored as well.

| 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: |  |  |  |  |

| exas Education Agency   | Standard Application System (SAS)   |
|---|---|
| Schedule #16—Responses to Sta   | tutory Requirements (cont.)   |
| County-district number or vendor ID: 167901   | Amendment # (for amendments only):  |
| Statutory Requirement 3: Describe how the program will incor<br>limited to space provided, front side only. Use Arial font, no small  | porate parental support and collaboration. Response is  |
| We will continue to have 504 meetings with parents. We will als with the parents and actually demonstrate lessons and show the communicate what they can do at home to help their student. We they can understand how to better help. We also host a night to the ipad and what the student can do with it. We will continue to students success.   | o continue to host parent night twice per year. We meet<br>em what their students are learning. We also<br>/e show them how Dyslexic students learn differently so<br>introduce them to the iPad and show them what is on |
| Statutory Requirement 4: Describe how the proposed program program can be replicated for students statewide. Response is lino smaller than 10 point.  | mited to space provided, front side only. Use Arial font,   |
| Our program will serve every student. We have students that are students, military connected students. This program serves ever (one is assigned to them) or overcome language barriers (device implemented state wide because it is tailored to the individual, resmall and rural often means we serve student from every type of to make certain that the program is effective for every student. | y student, regardless of their ability to provide a device es can be set to different languages). It can be gardless of their needs, abilities, or limitations. Being   |
|   |   |
|   |   |
|   |   |
|   |   |

| 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 #17—Responses to TEA Program Requirements County-district number or vendor ID: 167901 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 dyslexia. 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. Goldthwaite Elementary will screen every student prior to them entering the 2nd grade. An assistive device (iPad) will be loaded with Apps to assist a student in every area, reading, math, social studies and science. We have trained our Kindergarten Reading teacher and departmentalized all grade levels so that all students have a reading teacher trained specifically in reading and dyslexia. We host parent meetings and have students demonstrate actual lessons so parents are more aware of what decoding and dyslexia class looks like. We have our older students who are dyslexic come and visit with the younger students. This is a great way to show younger students what can be accomplished. We have reviewed several dyslexia programs and believe we are bringing in the best from each program. This grant will allow us the funds to hire additional staff, provide additional devices, and train our dyslexia staff so that every student has an opportunity to be screened and identified. Early identification and intervention is the key to success!

| 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 #17—Responses to TEA Program Requirements (cont.)  |   |
|---|---|
| County-district number or vendor ID: 167901  TEA Program Requirement 2: Describe coordination of significant is limited to space provided, front side only. Use Arial font, NA – Program will not coordinate with private or communication. | Amendment # (for amendments only): ervices with private or community-based providers. Response no smaller than 10 point. inity based providers. |
| nours on weekends and afterschool that our students bene<br>students use Learning Ally and the ebook system to read b   | i online. The Jennie Trent Dew Library also provides extended fit from. We offer a summer reading program together, where                       |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| For TEA Use Only  |   |
| Changes on this page have been confirmed with:  | On this date:   |
| /ia telephone/fax/email (circle as appropriate)   | Ry TEA staff parson:  |