# Texas Education Agency Standard Application System (SAS)

Program authority:	Texas Education Code, 29.026 as added by House Bill 21, Section 3, 85 <sup>th</sup> Texas Legislature, 2017				R TEA USE ONL' Write NOGA ID here:		
Grant Period:	May 1, 2018,	to Augu	st 31, 2019			_	
Application deadline:	5:00 p.m. Cer	ntral Tim	ne, March 8, 2018			P	lace date stamp here
Submittal information:	Applicants muoriginal signal only and signal contractual agaforementione Docur	ust subnature, and ed by a greemer ed date ment Co	nit one original cop d two copies of the person authorized at, must be receive and time at this ac antrol Center, Gran	nts Administration E 01 North Congress	d on one side ant to a		ZIII8 TAR -8 PA
Contact information:	Amy Kilpatrick	k, (512)		patrick@tea.texas.	gov	10	
			dule #1—Genera			10	***************************************
Part 1: Applicant Inform	nation						
Organization name	Coun		/-District #		A	mendm	ent#
Weslaco ISD	108-913		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	One ii			
Vendor ID #		ESC R	egion #				
74-600-2548		1					
Mailing address				City	Si	ate	ZIP Code
P.O. BOX 266	a (%) - 50 a 1 3			Weslaco	T	_	78596-0266
Primary Contact							
irst name		M.I.	Last name		Title		
\bbie		М	Munoz		LSSP		
Telephone #		Email address			FAX#		
(956)969-6822				(956)969-	6577		
Secondary Contact				<del></del>			
First name		M.I.	Last name		Title	lle	
leil	D Garza		Garza		Special Education Director		n Director
elephone #	Email address FAX #				Director		
956)969-6822	ngarza@wisd.us (956)969-			6577			

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 Priscilla	M.I. Last name Canales	Title Superintendent
Telephone #	Email address	FAX #
(956)969-6500	pcanales@wisd.us	(956)969-0201

Signature (blue ink preferred)

Date signed

Only the legally responsible party may sign this application.

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

\*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.

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Schedule #2—Required Attachments and Provisions and Assurances			
County-district number or vendor ID:	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 fis	scal-related attachments are requi	red for this grant.
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No pr	ogram-related attachments are re	quired 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	
X	I certify my acceptance of and compliance with the General and Fiscal Guidelines.	
X	I certify my acceptance of and compliance with the program guidelines for this grant.	
Χ	I certify my acceptance of and compliance with all General Provisions and Assurances requirements.	
Х	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all Debarment and Suspension Certification requirements.	

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Schedule #2—Required Attachments	and Provisions and Assurances
County-district number or vendor ID:	Amendment # (for amendments only):
Part 3: Program-Specific Provisions and Assurances	

X I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

	Toertry 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.

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Schedule #3—Certification of Shared Services				
County-district number or vendor ID:	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
Fis	cal Agent			
1.	County-District #	Name	Telephone number	F
1.	County-District Name		Email address	Funding amount
Mei	mber Districts			
2.	County-District #	Name	Telephone number	F
۷.	County-District Name		Email address	Funding amount
3.	County-District #	Name	Telephone number	F C
Э.	County-District Name		Email address	Funding amount
4.	County-District #	Name	Telephone number	-
4.	County-District Name		Email address	Funding amount
5.	County-District #	Name	Telephone number	
5.	County-District Name		Email address	Funding amount
6.	County-District #	Name	Telephone number	
0.	County-District Name		Email address	Funding amount
7.	County-District #	Name	Telephone number	E
1.	County-District Name		Email address	- Funding amount
	County-District #	Name	Telephone number	
8.	County-District Name		Email address	Funding amount

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ict # and  et # et Name et #	Name  Name  Name  Name  Name  Name  Name  Name	Telephone Number and Email Address  Telephone number Email address Telephone number Email address Telephone number Email address Telephone number Email address Telephone number Email address Telephone number Email address Telephone number	Funding Amount	
et Name et #	Name Name Name Name	Email address Telephone number	Funding amount  Funding amount  Funding amount	
et Name et #	Name Name Name Name	Email address Telephone number	Funding amount  Funding amount  Funding amount	
et # et Name et #	Name Name Name	Telephone number Email address Telephone number Email address Telephone number Email address Telephone number Email address Telephone number	Funding amount  Funding amount  Funding amount	
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	Name	Telephone number		
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Schedule #4 Request for Amendment				
County-district number or vendor ID:	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/ 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 di	\$	\$	\$	\$	
7.	Indirect c	\$	\$	\$	\$	
8.	Т	\$	\$	\$	\$	

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Schedule #4—Request for Amendment (cont.)				
County	-district number or ve	endor ID:	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.				
		2000 - 20	50.00	

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### Schedule #5 Program Executive Summary

County-district number or vendor ID:

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. Weslaco, Texas is a border town whose population is 85% Hispanic and according to 2016 consensus the median household income is \$36,239 and an estimated per capita income is 17,943. All WISD students receive free breakfast and lunch. As a school district serving our community, it is imperative we offer support and opportunities to parents, students and staff that otherwise may not be available to them. The program WISD propose to deliver is a wraparound effect by servicing teachers, parents, and students. Children with Autism face a variety of barriers among the most dominate is experiencing difficulty expressing their needs and wants. This may cause them to become frustrated which in turn may lead to meltdowns. For our students with autism who are non-verbal or have limited/emerging speech, we would like to purchase tech devices and download a communication app. The tech device coupled with the communication app will be an easy to use AAC vocabulary content page set that turns symbols into clear speech and provides language to nonverbal users who are not yet in full control of literacy. The communication app will use a symbol-based vocabulary for communicating, laying out a growth path towards the persistent use of a communication aid for preliterate AAC users. The communication app offers interaction based on pre-made situational vocabulary subsets, which require little learning effort. It promotes steady vocabulary development with scaffolding structures, enabling conversations in even unanticipated interactions. The powerful combination of structure and flexibility is achieved by a well selected core vocabulary, organized in logical categories, and a unique linking system into over 50 pre-made contexts (topic boards covering highly frequent situations and themes). Students may use their tech device and app to communicate during their school day. Literature dictates, most individuals with autism are visual learners, we would like to purchase interactive boards to placed in designated classrooms. The interactive boards will allow students to interact with the lesson that is being taught and enhance the learning process. The interactive board will hold the students attention because they will be able to manipulate their learning.

We would like to purchase the Verbal Behavior Milestones Assessment and Placement Program: The VB-MAPP which is a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with autism, and other individuals who demonstrate language delays. The VB-MAPP is based on B.F. Skinner's (1957) analysis of verbal behavior, established developmental milestones, and research from the field of behavior analysis. There are five components of the VB-MAPP, and collectively they provide a baseline level of performance, a direction for intervention, a system for tracking skill acquisition, a tool for outcome measures and other language research projects, and a framework for curriculum planning. Each of the skills in the VB-MAPP is measurable and developmentally balanced. The VB-MAPP balances the curriculum in an attempt to avoid the common trap of developing rote responding due to deficiencies in the related verbal repertoires. The VB-MAPP is a component in designing a curriculum (intervention program) and can help determine if an intervention is working. The VBMAPP will assess language level to choose developmentally appropriate targets for intervention, why identifying language acquisition and learning barriers, pinpoint "holes" in the individual's repertoire, determine if and where to begin intervention replacement, develop IEP goals.

We propose to purchase a online training program for designated teachers. These selected teachers will receive training on principles of ABA. This training program provides online applied behavior analysis content based on current research in the field. Applied Behavior Analysis is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior. Each learning module in the online training program presents a practice or group of practices based on applied behavior analysis that have a long history of evidence in the research literature. The program will include early intensive behavioral intervention for children with autism, the use of reinforcement to increase desired behavior in children with autism, the use of discrete trial interventions to increase the

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adaptive behavior of children with autism, and the use of Skinner's analysis of verbal behavior as it relates to the acquisition of spoken language of children WISD proposes to offer a Parent Symposium once in the Fall and again in the Spring. The parent Symposium will be open to the community and parents with children affected by autism may attend. At the Symposium we propose to have speakers, breakout sessions, child care, door prizes and refreshments/food. Topics will include an overview of an Autism Disorder, self-help, communication, and applied behavior analysis (ABA) techniques. We will also supplement the Parent Symposium with three other smaller scale parent training meets to address specific skills and concerns. The purpose is for our parents to become better educated on the needs of their child and to better meet those needs. Consequently, with the purchase of the online training program for our teachers, tech devices, communication apps, interactive boards, assessment tools, and parent training meetings we as district will be better serving our students and community by providing an enrich learning environment with numerous opportunities to learn. Schedule #5—Program Executive Summary (cont.) County-district number or vendor ID: 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.

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		Schedule #	8—Program	<b>Budget Summary</b>		
Count	y-district	number or vendor ID:		Amendo	ment # (for amend	dments only):
Progra	am autho	rity: Texas Education Code, 29.026,	House Bill 2	21, Section 3, 85 <sup>th</sup> T	exas Legislature,	2017
Grant	period: N	May 1, 2018, to August 31, 2019		Fund code/shared	services arrange	ment code: 429/45
Budge	et Summ	ary				
Sche	dule#	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost
Sched	luie #7	Payroll Costs (6100)	6100	\$41,800	\$0	\$41,800
Schedule #8 Professional and Contracted Services (6200)		6200	\$5,000	\$0	\$5,000	
Schedule #9		Supplies and Materials (6300)	6300	\$128,000	\$0	\$128,000
Schedule #10		Other Operating Costs (6400)	6400	\$10,000	\$0	\$10,000
Schedule #11 Capital Outlay (6600) 6600			6600	\$90,000	\$0	\$90,000
Total direct costs: \$274,800 \$0						\$274,800
		Percentage% indirect costs	(see note):	N/A	\$0	\$6,433.07
Grand total of budgeted costs (add all entries in each column): \$274,800 \$0					\$281,233.06	
		Shared	Services A	rrangement		
6493	Payments to member districts of shared services arrangements		\$0	\$0	\$0	
		Admini	strative Cos	t Calculation		
Enter the total grant amount requested:					\$281,233.06	
Percentage limit on administrative costs established for the program (15%):				x .15		
Multiply This is	y and rou the maxi	ind down to the nearest whole dollar imum amount allowable for administ	r. Enter the re	esult. including indirect co	ests:	\$6433.07

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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		7—Payroll Costs (6100)		
Co	unty-district number or vendor ID:	Amendmer	nt # (for am	endments only):
	Employee Position Title	# of Positions Po 100% < Grant C	timated # of sitions 100% Grant unded	Grant Amount Budgeted
Ac	ademic/Instructional			
1	Teacher			\$
2	Educational aide			\$
3	Tutor			\$
Pro	ogram Management and Administration			
4	Project director/administrator			\$
5	Project coordinator			\$
6	Teacher facilitator			\$
7_	Teacher supervisor			\$
8	Secretary/administrative assistant			\$
9	Data entry clerk			\$
10	Grant accountant/bookkeeper			\$
11	Evaluator/evaluation specialist			\$
	xiliary			
12	Counselor			\$
13	Social worker			\$
14	Community liaison/parent coordinator			\$
	ner Employee Positions			
15	Title			\$
16	Title			\$
17	Title			\$
18		Subtotal employed	e costs:	\$
Sut	estitute, Extra-Duty Pay, Benefits Costs	8 =		
19	6112   Substitute pay			\$13,800
20	6119 Professional staff extra-duty pay			\$24,000
21	6121 Support staff extra-duty pay			\$4,000
22	6140 Employee benefits			\$0
23	61XX Tuition remission (IHEs only)			\$0
24	Subto	tal substitute, extra-duty, benefit	ts costs	\$41,800
25	Grand total (Subtotal employee costs plus sul		enefits	\$41,800

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	Schedule #8—Professional and Contracted Services (6200)			
Col	unt	y-district number or vendor ID:	nendment # (for amendments only):	
NO	TE	: Specifying an individual vendor in a grant application does not meet the	e applicable requirements for sole-source	e
рго	vid	ers. TEA's approval of such grant applications does not constitute appro	oval of a sole-source provider.	
		Professional and Contracted Services Requiring S	Specific Approval	
		Expense Item Description	Grant Amount	
<u> </u>		T	Budgeted	
000		Rental or lease of buildings, space in buildings, or land		
626	59	Specify purpose:	\$0	
	a.	Subtotal of professional and contracted services (6200) costs req	wiring	_
		specific approval:	\$0	
		Professional and Contracted Servic	es	1
#		Description of Service and Purpose	Grant Amount	
4	-		Budgeted	
1	<u></u>	ontract individuals to provide staff development and training	\$5,000	
2			\$	
3	-		\$	
4	ļ_		\$	
5	_		\$	
6	_		\$	
7			\$	
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9			\$	
10	<u> </u>		\$	
11	_		\$	
12			\$	
13			\$	
14			\$	
	b.	Subtotal of professional and contracted services:	\$5,000	$\Box$
	C.	Remaining 6200—Professional and contracted services that do no	of require	$\neg$
		specific approval:	\$0	
		(Sum of lines a, b, and c	) Grand total \$5000	٦

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	Cahadula #0 Cumilias and Matadala (C200)		
	Schedule #9—Supplies and Materials (6300)		
County	County-District Number or Vendor ID: Amendment number (for amendments only):		
	Supplies and Materials Requiring Specific Approval		
	Expense Item Description	Grant Amount Budgeted	
6300	Total supplies and materials that do not require specific approval:	\$128,000	
	Grand tota	: \$128,000	

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Schedule #10—Other Operating Costs (6400)				
Count	County-District Number or Vendor ID: Amendment number (for a			
	Expense Item Description		Grant Amount Budgeted	
6411	Out-of-state travel for employees. Must be allowable per Program Guidelines and grantee must keep documentation locally.		\$0	
	Subtotal other operating cost	s requiring specific approval:	\$0	
	Remaining 6400—Other operating costs that do	not require specific approval:	\$10,000	
		Grand total:	\$10,000	

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

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Via telephone/fax/email (circle as appropriate)	By TEA staff person:			

Description and Purpose Quantity    Computing Books and Media (capitalized and controlled by library N/A	Hait Cook	(for amendments only): Grant Amount Budgete \$ \$90,000
Description and Purpose Quantity    Computing Books and Media (capitalized and controlled by library N/A	N/A \$6,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$90,000
N/A  6XX—Computing Devices, capitalized  Interactive panel  Interactiv	N/A \$6,000 \$ \$ \$ \$	\$90,000
6XX—Computing Devices, capitalized  2 Interactive panel 3	\$6,000 \$ \$ \$ \$	\$90,000
2 Interactive panel	\$ \$ \$	
3	\$ \$ \$	
4	\$ \$ \$	\$
5   6   7   8   9   0   1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1       1	\$ \$	
6	\$	\$
7		\$
8	œ T	\$
9		\$
0 1 6XX—Software, capitalized 2 3 4 5 6 7 8 8 6XX—Equipment or furniture 9 1 1 2 3 4 5 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	\$	\$
1   SXX—Software, capitalized	\$	\$
6XX—Software, capitalized 2 3 4 5 6 7 8 6 6 7 8 1 1 2 3 4 5 6 6 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	\$	\$
2   3   4   5   5   6   6   7   8   8   8   8   8   8   8   8   8	\$	\$
3		
4	\$	\$
5   6   7   8   8   8   8   8   8   8   8   8	\$	\$
6	\$	\$
7 8 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	\$	\$
8   SXX—Equipment or furniture 9	\$	\$
SXX—Equipment or furniture  9 1 2 3 4 5 6	\$	\$
9   0   1   1   1   1   1   1   1   1   1	\$	\$
0		
1	\$	\$
2 3 4 5 5	\$	\$
3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$	\$
4	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	· ·	
XX—Capital expenditures for additions, improvements, or modificati crease their value or useful life (not ordinary repairs and maintenanc	one to conital a	assets that materially
)	<u> </u>	\$0
		\$90,000

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	Sc	hedule	#12—Demog	ranhics of Par	rticins	inte to Be Sen	ed with G	rant Eunde	
County-district number or vendor ID: Part 1: Students/Teachers To Be Served				Amendment # (for amendments only):  With Grant Funds. Enter the total number of students and teachers in each t program. Use the comment section to add a description of any data not					
specifically requ	that is in	mportant to un	derstanding th	e pop	ulation to be se	rved by thi	s grant prog	gram. Response is	
School Type: X Public			llment Charter	□P	rivate Nonprofit	☐ Private	e For Profit	☐ Public Institution	
Grade		Numbe	er of Student	5	Nun	lumber of Teachers Student/Teacher R			reacher Ratio
PK		15			4			10/1	
K		16			11	1		10/1	
1 <sup>st</sup>		14			11		10/1		
2 <sup>nd</sup> 15		15			11	11		10/1	
3 <sup>rd</sup> 6		<u>.                                    </u>	11			10/1			
The number of s					due to identific ring and exitin			th autism and	
Part 2: Amount of instruction. Enter amou add a description of any data not specifically provided by this grant program. Response is				requested that	at is im	portant to unde	rstanding	the amount	of instruction to be
Amount of Instruction							COI	MENTS	
School day hours (ex) 8:30am – 4:30pm			7:45-3:45				N==		
Number of days in school year			168			Student	school day	S	
Minutes of inst	ructio	n per so	chool year	75,600		Excluding PPC		r classroom ar olds	s which sevice 3-4

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Need

#### Schedule #13—Needs Assessment

County-district number or vendor ID:

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.

Central Office Special Education Staff met with self-contained teachers and visited campuses and classrooms As a department we have received request for teacher training in the area of applied behavior analysis. Applied Behavior Analysis (ABA) is currently the leading therapy for children with Autism Disorder. By training our teachers in the principles of ABA they will be better able to support and educate our students. By purchasing the online program, Teachers will be able to learn the principles of ABA with each module. Teacher will take an assessment once they have completed leaning about a principle and will be unable to continue forward unless a they have demonstrate a passing knowledge of the concepts.

Our Teachers have also expressed the need for assessments that evaluate young students intermittedly and visually demonstrate their growth.

With the use of the VBMAPP, teachers will be able to assess the effectiveness of their teaching strategies, interventions and techniques, they learned from the online program.

The VBMAPP will also assess the progress of the students and advise where more attention is needed.

Our goal is for our teachers to be proficient in principles in ABA and incorporate them into their classrooms and teaching. Then by using the VBMAPP to assess the progress of the students being taught with ABA principles, we will be able to measure their progress.

Parents have voiced the need to receive training in Autism to better assist them understanding their child at home. Parent training will consist of providing parents with strategies and interventions they can use at home that are similar to what the teacher uses in their classrooms. I

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# Schedule #13—Needs Assessment (cont.) County-district number or vendor ID: 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** Teacher training on ABA prinicples and incoprating Allow for the purchase of the Training Program, that will them in the classroom train teachers on the principles of ABA 1. The VBMAPP, is an approapriate needs assessment The administration of the VBMAPP will allow our teachers for children 3-5 who are in our PPCD classrooms. to have an assessment that demonstrates an emeraging, Teachers will need training on how to administer the progressing, and attained of goals on their students IEP. assessment 2. Alternative way of communicating, with tech device, Allow the purchase of Ipad, case and app. which will protective casing and communication app. decrease student frustration and problem behavior due to miscommunication 3. Parent trainings and symposium Allow for the purchase of referashements, presenters, materials, staff and childcare 4. Interactive board-visual and tactile learning Allow for the purchase of interactive board which will enable teachers to incorporate technology in their lessons and visual represent concepts. 5.

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Schedule #14—Management Plan									
County-district number or vendor ID: 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									
		ns. Kes	conse is limited to space provided, front side only. Use		er than 10 point.				
#	Title	Title Desired Qualifications, Experience, Certifications							
The Board Certified Behavior Analyst (BCBA) is a graduate-level certification in behavior a									
		Professionals who are certified at the BCBA level are independent practitioners who provide							
1.	BCBA	behav	or-analytic services.						
1	ļ		9	X.					
		The To	exas credential that permits the practice of school psych	nology is called Lice	nsed Specialist				
		in Sch	pol Psychology (LSSP). This license is required by the	Texas State Board	of Examiners of				
2.	LSSP	Psych	plogists (TSBEP) to provide school psychological service	es in Texas public	schools.				
	1200.			·					
		Licens	ed Specialist in School Revehology, Licensed Profession	and Commenter Lieu					
	[	Social	ed Specialist in School Psychology, Licensed Profession Work; School Counseling Certificate issued by SBEC	inai Counselor, Lice	ensed Masters in				
3.	Special	000101	Social Work, School Counseling Certificate Issued by SBEC						
J 3.	Education Counselor								
	Courseior								
<u> </u>									
	Cooch	TEA ce	ertificate in Speech Therapy and Master's in Speech Th	егару					
4.	Speech Language								
~.	Pathologist								
	Tuttiologist								
	Special	SBEC	Certified in the area of Special Education						
5.	Special     Education		.,						
<b>J</b> .	Teacher								
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.									
77			Milestone	Begin Activity	End Activity				
	Increased amount	_	Completion of Modules	08/01/2018	06/30/2019				
1.	of trained teachers in the prinicples of		Classrooms utilizing ABA principles	08/01/2018	06/30/2019				
	ABA.	f 3. 4.		XX/XX/XXXX	XX/XX/XXXX				
		1.	Visible changes in parent involvement with student	XX/XX/XXXX	XX/XX/XXXX				
	Increase Parent	2.	Parent knowledable in objectives that were taught	09/01/2018	06/30/2019				
2.	involvement and	3.	T arent knowledable in objectives that were taught	09/01/2018 XX/XX/XXXX	09/01/2018				
	training	4.		XX/XX/XXXX	XX/XX/XXXX XX/XX/XXXX				
	Decrease	1.	Increase use of tech device	09/01/2018	05/30/2019				
	maladaptive	2.	Less incidences of meltdowns	09/01/2018	05/30/2019				
3.	behavior due to the	e 3.		XX/XX/XXXX	XX/XX/XXXX				
	inability to	4.		XX/XX/XXXX	XX/XX/XXXX				
	communicate								
'' I for a laine a contain fair I A I A I A I A I A				09/30/2018					
	tracking system for 2. Second assessment 12/01/2018 01/30/2019								
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## Schedule #14---Management Plan (cont.)

County-district number or vendor ID:

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.

The process and procedures currently in place for monitoring the attainment of goals and objectives are every 6 weeks or sooner by the ARD Committee and teachers are obligated to provide parents with updates on the progress their child/student is making towards their annual goals. In reporting the progress to parents, if the student's teacher discerns that the student is not making sufficient progress that would lead to completion of the annual goal, then at the ARD Committee meeting is held to make adjustments. All stakeholders are provided with pertinent sections of the student's 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.

Previously, a training program was purchased but do to limited funds not all teachers were able to participate in the program. Currently we provide parent trainings three times a year. One VBMAPP has been purchased however due to cost and limited valbility the assessment has not been adminstred to 3-5 students With additional funding we will be able to provide training for all designated teachers and more parent trainings that provide refreashments and child care. AT communication devices have been purchased in the past, however not all students who need assistance with communication had access to an ipad and/or app. Staff who are ungoing training will receive a stipend for the completion of training and time given to parent trainings. In addition, central office special education staff will frequently visit and monitor classrooms and staff to ensure training provided is being implemented.

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			Schedule #15—Project Evaluation		
Col	unty-district number or vendor ID:		Amendment # (for amendments only):		
Cile	cuveriess of project strategies, inc	ludino	ds and processes you will use on an ongoing basis to examine the g the indicators of program accomplishment that are associated with each. It side only. Use Arial font, no smaller than 10 point.		
#	# Evaluation Method/Process Associated Indicator of Accomplishment				
	Monitoring participants online	1.	Passing score		
1.	program	2.	Certificate of completion		
		3.			
_	Increase student achievement		Student progressing based on the scores of the VBMAPP		
2. or	on their IEPs	2.			
		3.			
_	Survey handedout to parents at	1.	Parents will receive a participant certification		
3.	the end of each parent training	2.			
		3.			
	A decrease in maladaptive	1.	increase of communication of needs		
4. stude	student behavior	2.			
-		3.			
_		1.			
5.		2.			
D - 1	0.0.4	3.			
ran	2: Data Collection and Problem	Corr	ection. Describe the processes for collecting data that are included in the		

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.

There are an estimated 66 students identified with autism, however the number may change with ongoing evaluation and students entering and leaving the district. A quarterly survey will be provided to designated teachers on the improvement of their students and their progress on training and how it affects them in the classroom. For each training we will provide sign in sheets and agendas. Stakeholders will review student's IEP to monitor their success and areas of concern. The implementation of the VBMAPP will allow teachers to tack their students' development and monitor the success of the strategies implemented. Central office Special Education Staff will monitor teacher and student progress.

Only
nis date:  EA staff person:

Standard Application System (S	49
Schedule #16—Responses to Statutory Requirements (cont.)	378
County-district number or vendor ID:  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.	1
The program will incorporate evidence based and researched based design by using the online program software that teaches the principles of ABA and how to implement them. Applied Behavior Analysis is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior applied behavior analysis content based on current research in the field. Each learning module presents a practice or group of practices based on applied behavior analysis and evidence in the research literature. The VBMAPP is a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with autism, and other individuals who demonstrate language delays. Our wrap around program will include the use of technology by having helping the students communicate using the interactive board, their tech device and app.	ж
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 Aria font, no smaller than 10 point.	; al
The program will collect empirical data on student achievement derived from the data teachers attain form the quarterly assessment of the VBMAPP. The VBMAPP will track the student's individualized progress and adjust according to the student's need. Baseline data will be attained by the first administration of the VBMAPP.	
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Schedule #16—Responses to Statutory Requirements (cont.)					
County-district number or vendor ID: Amendment # (for amendments only):					
Statutory Requirement 3: 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.					
The program will incorporate parent training/meetings two-2 hour trainings in the fall semester and one in the spring semester. The 2 hour parent training meetings will discuss one specific topic, provide handouts, and other manipulatives. We will also offer a 4 hour Parent Symposium once in the fall and spring semester. The Parent Symposium will host a variety of presenters and topics for parents to choose from. To encourage parental participation we will have door prizes, refreshments and snacks/food.					
Statutory Requirement 4: 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.					
Our main objective is to training teachers on how to utilize applied behavior analysis techniques in the classroom. The training and usage of ABA in the classroom can be replicated anywhere in the state and be utilized with a variety of students and disabilities. Furthermore the interactive board and communication app can be used with different types of students and be utilized for the development or augmentation of speech.					

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# Schedule #17—Responses to TEA Program Requirements County-district number or vendor ID: 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. Research as proven individuals with autism have harriers in speech/ communication and socialization.

Research as proven individuals with autism have barriers in speech/ communication and socialization. Research has also proven, individuals with autism are visual learners and respond well to early intervention and applied behavioral analysis therapy. WISD's approach towards young students with autism is an innovative wraparound approach affecting, teacher, child, and parent. We would like to train our teachers in ABA so they can incorporate those techniques and strategies in teaching students new/emerging skills and for shaping appropriate behavior. The online ABA program will enable teachers to be proficient in the principles of ABA. Subsequently, research has proven individuals with autism are visual learners; an interactive panel will be utilized for students to visually and tactilely learn. The interactive boards will allow the Teacher to visually demonstrate concepts and teach at their students comprehension level. The interactive boards will be successful at holding children with autism attention longer. Another barrier we will address, are the deficiencies of communication/speech. With the proposed tech devices and app, students with autism will be able to better communicate their need and consequently maladaptive behavior caused by inability to express them-selves will decrease. We will also educate our parents on Autism Disorder and provide strategies and techniques they can incorporate at home with their daily living. The VBMAPP will allow give us the ability to monitor the progress for our students and the success of our interventions used by our teachers.

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Schedule #17—Responses to TEA Program Requirements (cont.)		
County-district number or vendor ID:	Amendment # (for amendments only):	
TEA Program Requirement 2: Describe how the program will incorpor space provided, front side only. Use Arial font, no smaller than 10 point.		
Students with autism who may have not been able to participate in class because of deficiencies in speech may now be able to be fully included with their tech device and app. They may answer questions and request clarification on subject matter. Their social engagements and interaction may also increase because they have a manner of communicating and expressing themselves with their peers. Though the use of ABA, teachers may decrease socially unacceptable behavior and shape socially acceptable behavior, which in turn will allow access to other opportunities for students with autism.		
5		
TEA Program Requirement 3: Describe coordination of services with r	rivate or community-based providers. Response	
<b>TEA Program Requirement 3:</b> Describe coordination of services with p is limited to space provided, front side only. Use Arial font, no smaller the		
	an 10 point.	
is limited to space provided, front side only. Use Arial font, no smaller th X NA – Program will not coordinate with private or community based pro	an 10 point.	
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is limited to space provided, front side only. Use Arial font, no smaller th X NA – Program will not coordinate with private or community based pro	an 10 point.	
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