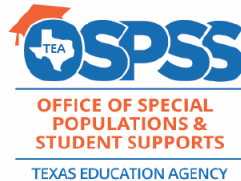


INSTRUCTION GUIDE

The images below are screenshots of the questions/response options from the SY 26-27 Day Program Cooperative Funding Allotment Application. It is important that all applicants preview the questions using this document before opening the application, as there is no “save and return later” option in the application. For questions or technical issues, please email DayProgramFunding@tea.texas.gov.



The purpose of this project is to support the development and expansion of county-level day placement programs for students receiving special education who have intensive needs requiring specialized services beyond those available on a regular school campus. This initiative is designed to build local capacity and improve access to specialized services for students across the county.

Eligible applicants include school districts, open-enrollment charter schools, and regional educational service centers (ESCs). Funding will support initiatives that demonstrate the ability to establish or expand sustainable, evidence based day placement program services for student with disabilities and make those services available to meet the needs of the county.

Prioritization will be given to:

- o Programs designed in collaboration between multiple school districts, open-enrollment charter schools, and/or ESCs within the county

- o Models that provide highly specialized, individualized and evidence-based services specifically designed for students with intensive support needs, offering a level of support and programming that exceeds what is typically available on a regular school campus

PLEASE NOTE - Open entry responses are limited to 20,000 characters, including spaces, special characters, and punctuation. If narrative exceeds maximum allowed through this application, create a hyperlink to the document and put the hyperlink in the application as an element of your response.

Complete all the following fields.

Primary Contact for Application (First and Last Name)

Phone number

Email address

Applicant entity type:

- School District
- Open-enrollment charter school
- Education Service Center (ESC)

Applicant's County District Number (CDN):

CDN

County or counties the program proposes to serve (note - for programs proposing to serve students across county lines, priority must be given to students residing in the county where the program is physically located):

County of the proposed program's physical location:

County

Please select the proposed date that school systems would be able to place students in the awarded program. The date is understood by TEA as a projection and not part of the scoring rubric.

Select a date

Is the applicant currently operating a program serving enrolled students?

Yes

No

This question appears if "yes" is selected.

Select an option that best describes the day placement program associated with this application:

- District Operated Day Placement Program - a public program operated by a school district or open-enrollment charter school that accepts and serves students placed by one or more districts or charter schools, in a facility or classroom not located on a regular campus.
- ESC Operated Day Placement Program - a public program operated by an ESC, providing services to student from multiple districts or open-enrollment charter schools in a centralized or contracted location.
- District Administered Public-Private Partnership Day Placement Program - a day placement program administered by a school district or open-enrollment charter school, in partnership with a sub-contracted private provider, that accepts and serves students from one or more school districts or open-enrollment charter schools.
- Other (please describe)

SY 2026-2027 Day Placement Program Cooperative Funding Allotment Application

This question appears if "yes" is selected.



Complete all the following fields for the past 3 school years. Enter "NA" if the program did not contract with any school systems that year.

	Grades served	Age range served	Total students enrolled	Average cost per student	Reintegration total
SY 25-26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SY 24-25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SY 23-24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This question appears if "yes" is selected.



Select all disabilities served for the past 3 school years. Beneath each selected disability, enter the grade range served. Select "N/A" if students were not served during a listed school year.

	25-26 SY	24-25 SY	23-24 SY
Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf-Blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf or Hard of Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech or Language Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This question appears if "yes" is selected.

Describe any details needed to explain differences between disabilities served (e.g., grade/age ranges for certain disabilities).

Is the applicant either a school district or open-enrollment charter school applying as part of a collaborative program, or an Educational Service Center (ESC) applying to operate a program that serves multiple school districts or open-enrollment charter schools?

Yes No - single school district/open-enrollment charter applicant

This question appears if "yes" is selected.

List all the school districts or open-enrollment charter schools in the collaborative program.


Provide the number of students with intensive needs projected to be served by this funding in year 1 of the award.

Projected number of students served


Explain the strategy to scale or replicate the program for long-term county access.

Is the school district, open-enrollment charter school, or ESC planning to partner with a private entity to operate the school program?


Yes No



This question appears if "yes is selected."



List all potential private entities; the entity to be contracted must be identified as a known element before the award may be approved.



Complete all elements in the following narrative section. Use the Sharefile link below and naming convention described for large files that exceed the 20,000 character limit and/or prepared documents that best address each area. Add a brief executive summary and note of file upload for any sections that include a Sharefile upload.

NOTE: RIGHT CLICK ON THE LINK BELOW AND OPEN IN A NEW TAB OR YOU WILL LOSE YOUR PROGRESS ON THE APPLICATION.

<https://tea.sharefile.com/r-r8f1d8bb69c5c4bc8850a5d8e37fdb1c7>

Use this secure folder to upload supporting materials for your SY 26-27 Day Placement Program Cooperative Funding Allotment application.

Name each file "[LEA/ESCName]_[DocumentType]".

Examples:
SpenglerISD_ProgramDescription
ESC22_Reintegration

Current Needs: Provide a concise summary of programs available in your community or surrounding areas that are reasonably accessible to students (e.g. considering distance and transportation) for students with intensive needs. Clearly identify unmet needs or service gaps related to access, availability, capacity or reach based on data collected from the ESC, school districts, and open-enrollment charters schools in the county for which the program would operate.

Program Overview: Provide a clear description of the proposed program, including its overall structure, service model, and staffing model (e.g., student populations served, instructional approaches, interventions, counts of all staff, including certified teachers, paraprofessionals, administrative staff, related services staff and any other support staff, timelines, phases, key milestones). Describe how the program's location, size, and design will adequately and appropriately deliver services to address the needs of the county and the neighboring school districts and open-enrollment charter schools.

Goals, Objectives, and Anticipated Outcomes: Describe the program’s goals and objectives and how they are aligned with the needs assessment, capacity, and reach, including how participation and outcomes will be measured, monitored, and tracked over time. Outline strategies for sustainability, including how the program administrator will ensure that placement and service delivery decisions remain individualized and data-driven, ensuring continued accessibility and responsiveness for students with intensive needs throughout the county.

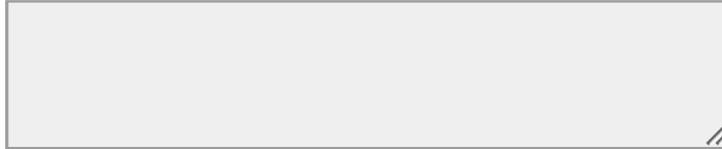
Student Progress and Improvement Data: Specify the types of student-level data to be collected, the methods for data collection, and the frequency of collection. Outline how data will guide effective program implementation and continuous improvement. Detail the steps for establishing baseline data, tracking student progress, and determining final success outcomes.

Highly Specialized Services: Describe how the proposed program integrates evidence-based practices, delivers highly specialized and individualized services, and provides a supportive learning environment and instructional strategies for students with intensive support needs. Include supporting research and examples.

Reintegration Considerations: Outline strategies for supporting the least restrictive environment (LRE) for students. Describe program goals for increasing community access and how transition strategies will help move students from restrictive settings to less restrictive environments whenever possible.

Collaboration and Coordination of Services: Describe how the program's information, reporting, and data will be shared between the program administrator and participating school systems. Specify the strategies the program will take to ensure clear coordination with private/community-based services providers for comprehensive support, as well as how the program administrator will engage parents and families in order to build strong support networks and foster collaboration.

Professional Development: Present a structured plan for ongoing professional development for all staff. Include provisions for continuous coaching, feedback, and fidelity monitoring to ensure alignment with program goals and sustained improvement .



Tuition/Fee Structure and Service Scope: Describe the proposed tuition and/or fee structure in accordance with the applicable minimum standards, including how rates are established and how they support the needs and goals of the program. Fiscal information must clearly identify which services and programmatic features are included in the established rates and which services or supports are not included and would remain the responsibility of the contracting LEA (e.g., individualized supports such as additional 1:1 staffing beyond the program model, related services, etc.).



Clicking on the right arrow button below will submit your application. You will see your responses on the next page and have the option to download a pdf of your responses.

If you have questions about your application or need to make corrections to any information during the application window, email DayProgramFunding@tea.texas.gov.

