**State Department of Education**

**APPLICATION FOR SCHOOL DISTRICTS SEEKING INTENSIVE TECHNICAL ASSISTANCE (TA)**

*Technical assistance will be provided as a collaborative effort of the State Department of Education, Regional Service Providers and Professional Development Cadre Members.*

The purpose of this technical assistance (TA) is increasing **T**ime, **I**nstructional Effectiveness, **E**ngagement, and State and local **S**upport for inclusive practices for students with **significant cognitive disabilities (students who are eligible to participate in the alternate assessments)** in the context of local capacity to improve teaching and learning for all students.

***Send completed application to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***DUE Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Local School System name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM COMPLETING APPLICATION**

**By signing and returning this application, the recipient is providing the assurances set forth on the final page of the application.**

|  |  |
| --- | --- |
| *Superintendent Name and Signature:* | *Email:* |
| *Special Education Director Name and Signature:* | *Email:* |
| *Curriculum and Instruction Director name and Signature:* | *Email:* |
| *Family Support Coordinator Name and Signature:* | *Email:* |
| *Additional District Rep (optional):* | *Email:* |

**GOALS**

1. Please describe your school system’s goals, objectives, and investments in working to provide services for students with disabilities, including those with the most significant cognitive disabilities, in general education classes and other general education contexts. How is or could this commitment be included in your district equity work? In your Multi-tiered Systems of Support (MTSS) work? In your professional development offerings? In your strategic plan?
2. Please describe the **specific supports** your school system needs in order to increase:

a. time students with disabilities spend in general education classrooms;

b. instructional effectiveness for students with disabilities in general education classrooms;

c. engagement of students with disabilities in the general education curriculum; and

d. engagement of students with disabilities with their peers as a member of the general education school and classroom communities.

**DISTRICT PROFILE DATA**

In an effort to minimize the work required to obtain the following data, the data requested below is available as a part of the [ED*Facts* initiative](https://www2.ed.gov/about/inits/ed/edfacts/index.html). ED*Facts* is a U.S. Department of Education initiative that started in January of 2021, to collect and use high-quality performance data to improve outcomes for students. District data requested below can be found within your state’s ED*Facts* annual reporting. Additionally, the data specifically sought for the purpose of this district and school selection process, focuses on students with the most significant cognitive disabilities. Those students typically are receiving special education services within the areas of Autism, Deaf-Blindness, Intellectual Disability and Multiple Disabilities. As such, the data considered should be that of all students with IEPs, as well as data specific to students with the most significant disabilities within those four categories.

For the district and school selection, you may choose to either attach the following ED*Facts* reports, or use the [fillable forms](https://drive.google.com/file/d/1UHyBIAKaF6e1fi4fekIUapSYeLpjWFIC/view?usp=sharing) provided to convey information regarding students with disabilities, especially those with the most significant disabilities, when making your decisions. Information for the current year, as well as the year before are essential for consideration. The Ed*Facts* reports that capture the information to be analyzed are:

* **ED*Facts* Category B**: student count by disability category (IDEA) by age (SA) and by educational environment (IDEA SA) in each LRE;
* **Ed*Facts* Category A and C:** student count by racial ethnic, by disability category (IDEA), by educational environment (IDEA) and if available by sex (Membership) in each LRE;
* **EdFacts Category E:** student count by educational environment (IDEA) and by English Learner status in each LRE

The LRE definition within the ED*Facts* reports is:

Percent of students aged 6 through 21 with IEPs

1. 80% or more of day within general education
2. Between 40-79% of day within general education
3. Less than 40% of day within general education
4. Separate schools, residential facilities, or homebound/hospital placements.

|  |
| --- |
| **District LRE Data and Profile** |
| **LRE Data** |
|  | **Current Year** | **Year Before** |
| Total number of Students in District: | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| **Total Number of Students in District with IEPs** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Percent of Students in District Receiving Free or Reduced Lunch | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **District Staffing Capacity***(School personnel who work with students with significant cognitive disabilities, as designated by the 4 disability categories of ASD, DB, ID and MD)* |
| **Grade**  | **Number of Special Education Teachers** | **Number of Teaching Assistants (Paraeducators)** | **Number of Student 1:1 Paraeducators** | **Number of Related Service Providers** |
| Elementary |  |  |  |  |
| Middle |  |  |  |  |
| High |  |  |  |  |

|  |
| --- |
| **District Schools** |
| **Grade Levels** | **How Many Schools Have Self-Contained Classrooms for Students with Disabilities?** |
| Elementary |  |
| Middle |  |
| High |  |
| K-12 Schools |  |
|  |  |

|  |  |
| --- | --- |
|  | **Name of School/Number of Students** |
| Special Schools (special education only sites) |  |

**COLLABORATION & PARTNERSHIPS**

**Identify which of the following State and local educational initiatives in which your school system has been involved by placing an ‘X’ next to the initiative that you were involved in. Additional details describing that involvement can be listed in the text box.**

|  |  |
| --- | --- |
| **(X)** | (State Department inserts related initiatives here) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Other pertinent initiatives: |

Additional information describing involvement in initiatives:

**ASSURANCES**

**By completing and returning this application, the recipient is providing the assurances set forth in this section.**

* *Will identify schools who demonstrate a* ***readiness*** *to participate in the TIES work.*
* *Will create a district equitable inclusive leadership team (EILT)*
* *Will identify primary district and school contacts to work closely with the State Department Equitable Inclusive Leadership Team.*
* *Will participate in the collection, use, reporting, and sharing of implementation and outcome data that is meaningful to all stakeholders related to the inclusion, effective instruction, engagement, and learning outcomes for students with the most significant cognitive disabilities.*
* *Will participate in a community of practice (CoP) with other awarded local school systems throughout the TA period.*
* *Will support the taking and use of photos and videos in alignment with district and school policies, to be used in publications and training materials developed by the partnership with the state department*