Project EVOLVE Mini-Grant Application (Vermont Sites Only)

Name of Applicant School District or SU:

Superintendent’s Name:

Phone:   Email:

Business/Financial Manager’s Name:

Phone:   Email:

**School Demographics**
(for initial school site only)
(Based on best estimates to begin the 02-03 school year)

Name of School for First Year

Is the school urban, suburban or rural?

Grades served:   Total number of students:

Average class size:   Act 60 sending or receiving?

Number of minority students:   Number on free or reduced lunch:

Number of students who speak English as a second language

# of students on IEPs   # of students on 504 Plans

# of *nondisabled* students on Educational Support Plans during 01-02

% of students with disabilities whose primary placement is within a general education classroom with individually determined supports

# of students with disabilities in out-of-district placements:

# of students with disabilities in “alternative school/program”:

Where is the “alternative school/program” in relation to the school?

Number of Special Educators (in FTE):
Number of Waivered Special Educators: General Educators:

Total number of paraeducators in the school (in FTE):

(a) # assigned to support general education exclusively (in FTE):

(b) # assigned to support special education students (in FTE):

Of those listed for (b):
(c) # assigned to individually to special education students (in FTE):

In order to better understand the range of students served in general education classes in your school, please provide a brief listing of the **categorical labels and functioning levels** (e.g., autism, severe emotional disturbance, deaf-blind, severe intellectual disability) of the **two or three students (no names please) in your school who have the most severe disabilities who are supported primarily within general education placements**:

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**School Contact Information**

School

School Phone: (       )   Fax: (       )

School Address:

Name of Principal:   Email:

Name of Contact Person for this project:

Best days and times to reach me are:

Contact’s Phone:   Email

School Secretary:   Email:
PLEASE RESPOND TO THE FOLLOWING QUESTIONS OR REQUESTS FOR ASSURANCE RELATED TO THE SELECTION CRITERIA

CRITERIA 1: Assurance of Support for Students with a Full Range Disabilities in General Education

1. Our school district has a commitment to, and engages in, practices designed to support the free, appropriate, public education of students with a full range of disabilities in general education classes. In alignment with the IDEA, upon annual review, the general education classroom in the school a student would attend if not disabled is the first placement option considered for all students with disabilities in our school system (with proper consideration of individually appropriate supports). This means that the vast majority of students in our school district, including those with moderate and severe disabilities, are educated in general education classes with individually appropriate supports.

Please note that this assurance does not suggest that all students with disabilities are necessarily placed in general education classes full-time, but rather that practices and policies are in place to safeguard students’ rights under the IDEA to access general education classes and curriculum as evidenced, in part, by a high rate of general education class placement for students with disabilities.

Please provide signatures indicating assurance as stated above.

Superintendent’s signature Date

Special Education Administrator’s signature Date

Principal’s signature Date

School Board Chair or Representative’s signature Date
2. Please provide a brief statement about your school system’s history or current status that would exemplify its commitment to general education access and support for a full range of students with disabilities.

CRITERIA 2: Schools are Overreliant or Inappropriately Reliant on Paraprofessionals

3. Please provide a description of your concerns about your district’s special education service delivery model that lead you to believe that your schools have been, and currently are, either overreliant or inappropriately reliant on paraprofessionals. What are your concerns about your existing service delivery that you would like to explore changing through this project?
CRITERIA 3:  
Commitment to Participate

4. If selected to receive a mini-grant, our school district is committed to engaging in the activities and timelines specified in the Project EVOLVE Application Questions & Answers (attached). Our project participation will not discontinue if we incur personnel changes, rather identified individuals will be replaced on the planning team.

Please provide signatures indicating assurance as stated above.

Superintendent’s signature  Date

Special Education Administrator’s signature  Date

Principal’s signature  Date

5. Do you intend to include a student with a disability on your School-Based Planning Team?

6. Explain why your school would be a good candidate for this award and how you would ensure participation in the listed project activities?
7. Feel free to provide any additional information that you feel would be helpful for the Advisory Council and Project Staff to consider when making the selection decisions.

OPTION TO BE A VOLUNTARY (UNFUNDED) PARTNER

There are more schools interested in participating in this project than there are available funds to offer mini-grants. If your school is not selected to receive funding, would you like to participate as a Voluntary Partner? Voluntary Partners would participate in all the same ways as funded partners (meeting space permitting), except without the financial benefit. In other words, Voluntary Partners would attend the initial development meetings, have access to all materials, be part of the inter-school network, and in exchange would be expected to provide all accompany data. If a funded school dropped out for any reason, Voluntary Partners would be on a waiting list to take their slots and receive any balance of funding due to them.

If not selected for funding, would your school district want to be a Voluntary Partner? Yes or No?

Submit application to:
Dr. Michael F. Giangreco – Project EVOLVE
Center on Disability and Community Inclusion
University of Vermont
101 Cherry Street, Ste. 450
Burlington, Vermont 05401

email: mgiangre@zoo.uvm.edu
phone: 802-656-1144 fax: 802-656-1357
web site (under construction): www.uvm.edu/~cdci/evolve/