Contact Information

First Name *

Last Name *

Email *

someone@website.com

Phone

Address

Country

United States ▼

Address

City

State

▼

ZIP Code

Additional Information

Grant contact person (if different from above school contact)

Grant contact email (if different from above school contact)

Grant request amount

Has your school received EMBRACE funding before?

▼

Did you spend all of your Title 1 funding last year?

▼

Did you spend all of your Title 2 funding last year?

[▼]

Number of students in your school

[   ]

Percentage of students who are Catholic

[   ]

Number of students that will benefit from the grant you are requesting

[   ]

Percentage of students on SIT, IEP, or Support Plans will this grant personnel/resource be used to support?

[▼]

Number of students on free and reduced lunch

[   ]

Number of students on IEPs in your school

[   ]

Number of students identified this year who are at-risk

[   ]

Number of students on Behavior Intervention Plans

[   ]

Number of students on Catholic School Student Support Plans in compliance with 504

[   ]

Number of students on Student Improvement Plans

[   ]

Number of students screened in hearing in your school building

[   ]

Number of students screened in vision in your school building

[   ]

Number of students screened for speech/language, fine motor and/or gross motor skills in your school building

[   ]

Number of students screened for participation in enrichment or gifted services in your school building

[   ]

Number of students on IEPs who receive assistive technology

[   ]

Number of students on IEPs who receive gifted/enrichment services

[   ]

Number of students on IEPs who receive occupational therapy

[   ]

Number of students on IEPs who receive physical therapy

[   ]

Number of students on IEPs who receive psychological or social work services

[   ]

Number of students on IEPs who receive speech/language therapy

[   ]

Number of students on IEPs who receive special education services

[   ]

Number of outside service providers in your school working with students within your school

[   ]

Number of outside service providers working with your students at alternate locations outside of the school

[   ]

Number of students receiving outside support services (ex. private OT, PT etc.)

[   ]

What is your school's estimated annual budget?

[   ]

What is your estimate of the percentage of the budget that goes toward serving students with special needs including personnel and adaptive/modified curriculum/equipment?

[▼]

Click on all of the following outside agencies your school currently uses or has used in the past 3 years

ADHDKC
Aidan Project
Community Help for Autism
Disability Rights Center of Kansas
Down Syndrome Guild
Families Together
FLL/JFLL/Robotics/STEM
Hear2HelpKC
Infinitec
Joshua Center
Kansas CHAMPS & DSC Training
Kansas Instructional Resource
Kansas Instructional Support
Kansas Teachers of the Deaf (TOD)
Kansas Technical Assistance

| Local Library or Community |
| School Mental Health Initiative |

Click on all of the following programs/activities your school offers

| Blended Learning/Flipped |
| Buddy classrooms |
| Community outreach programs |
| Enrichment/STEM |
| Multi-tiered System of Supports |
| Music or art enhancements |
| Professional Development follow-up |
| Professional Learning Communities |
| Project Based Learning |
| Sensory rooms or sensory diets |
| Social skill small groups |
| Sports/Extracurricular activities |
| Student Improvement Teams (SIT) |
| Teacher Assistant Teams (TAT) |
| Team teaching/Co-teaching |
| Transition teams |
| Universal Design for Learning |

Comments