

DISTRICT NAME _____

2015-2016

**Application and Report for
Supplemental Financial Assistance
for Instructional Facilitators**

In partial fulfillment of W.S. 21-13-335

DUE: APRIL 15, 2015

WYOMING
DEPARTMENT OF EDUCATION



The Instructional Facilitator (IF) Grant Application/Report should be completed by personnel at the district level with knowledge and insight about the district program. The completed grant application/report is due to WDE by April 15, 2015.

PART I – Application:

Program Eligibility Requirements

Provide information/documentation pertaining to the district’s current fulfillment of each requirement, as established in *W.S. 21-13-335*, Supplemental Financial Assistance Program for Instructional Facilitators and Instructional Coaches.

A. What research-based approach or framework regarding the district IF program is being implemented? (e.g. Cognitive Coaching)

B. Describe specifically how the district IF Program has evolved since the inception of the grant? (e.g. changed frameworks, provided particular professional development for IFs, etc)

C. Describe the responsibilities that designate IFs as instructional leaders in the district?

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PART I – Application: (continued)

D. Describe the responsibilities of the IFs that are substantially associated with and devoted to the improvement of instruction.

E. Describe the system by which school administrators prioritize the use of IFs based on student achievement gains measured over time is used.

F. Do IFs in the district have delegated duties not related to instructional improvement? ____yes ____no. If yes, please explain.

G. Do IFs in the district have the responsibility for direct administrative supervision or evaluation of instructors? ____yes ____no. If yes, please explain. (e.g. IFs are required to NOT have administrative supervision, however some staff have a dual role of part-time IF and part-time administrator)

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PART II—IF Standards and Evaluation

- A. Describe how IFs are evaluated in the district (attach additional sheets and documentation as necessary). Include:
1. The title(s) of personnel performing the evaluation (e.g. building principal)
 2. The process for the evaluation (observation(s), goal setting, debriefing, etc)
 3. A plan for improvement for IFs who do not meet standards/expectations set forth by the district
 4. Provide new or updated documents that exist in the district to support IFs such as: handbook, interview templates for hiring IFs, evaluation instrument, professional practice standards for IFs, and other guiding documents. NOTE: If these documents have been provided with a previous year's IF application/report, there is no need to resend. Please send new documents and updates only. (Documents may be scanned and submitted electronically with the application or hardcopies may be sent, via mail, to the address listed on page 7.)

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PART III—IF Information

District Name _____ School Name _____

Please complete the following information for **each school** in the district based on 2014-2015 statistics. (Make copies of this sheet as needed.) This data for instructional facilitators has been requested by the Wyoming Legislature. Contact information is for our records, which will also be shared with the University of Wyoming.

Name of IF	Staff ID	Email contact	Part Time/ Full Time	If part time, what percent?	If part-time, what are other responsibilities? (e.g. teacher)	What percentage of IF salary comes from IF grant?	If not 100%, how is IF salary augmented? (e.g. Title I)

PART IV— IF Application/Report Online Survey

Personnel with oversight and knowledge of the District IF Program must complete an online survey as part of the application process. Results from the survey will provide WDE with additional information about the roles and responsibilities of IFs, coaching strategies being used, and the types of professional development being provided by IF's to teachers. The information will be compiled and used for reporting to the Wyoming Legislature in fulfillment of W.S. 21-13-335. Additionally, the results will assist WDE with overall program improvement. The survey may be accessed by following the link: <https://www.surveymonkey.com/s/CV2DNDK> The district IF application/report will not be considered complete until the survey has been successfully submitted.

Directions for Submission of IF Application/Report

The submission deadline for the Application for Supplemental Financial Assistance for IF's is Monday, April 15, 2015. This application may be completed and submitted electronically or in hard copy form. Additionally, the online survey described in Part III must be completed by April 15, 2015. Directions for submission are below:

Electronic Submission (preferred)

If submitted electronically, the application/report must be sent with a read-receipt and the assurances page, with signatures must be mailed and received by WDE at the address listed below, no later than April 15, 2015. Please submit electronically to the following address:

tracy.stibitz@wyo.gov

An electronic submission will be considered “submitted” only after it is successfully downloaded at the WDE and a read receipt is sent, and received by the submitting district. Reports may not be submitted by fax machine.

Hard Copy Submission

If submitting a hard copy, an entire original, scanned district documents, and all signatures affixed in blue ink are required. The proposal can be mailed or hand delivered as follows:

U.S. Postal Service Delivery

Postmarked by April 13, 2015 with return receipt requested or
April 14, 2015 with Overnight Guaranteed

To: Tracy Stibitz, Instructional Facilitator Program Manager
Wyoming Department of Education
Hathaway Building, 2nd Floor
2300 Capitol Avenue
Cheyenne, WY 82002

IF Application/Report Assurances Page

Checklist for submission:

- Part I- Application completed
- Part II- Standards and Evaluation completed
- Part II- new or updated supporting documents scanned and included with the application, or sent via mail, to address on previous page
- Part III-IF Information completed
- Part IV-online survey completed and submitted
- Assurances signatures affixed

FOR DISTRICTS NOT APPLYING FOR IF SUPPLEMENTAL ASSISTANCE:

By signing below, I certify that the district is NOT APPLYING, or, NOT ELIGIBLE TO APPLY (check one) for supplemental financial assistance for IF's for the 2015-2016 school year. Part III of this application has been completed. Signatures are affixed below, as required.

FOR DISTRICT APPLYING FOR IF SUPPLEMENTAL ASSISTANCE:

By signing below, I assure that the information provided in this application for 2015-2016 IF supplemental financial assistance is complete and accurate. I also assure that if the district chooses to reallocate the IF funds from one school to another, the decision will be in consultation with the district administration and the Board of Trustees. Any IF grant funds not spent or encumbered by the end of the fiscal year will be returned to the WDE in accordance with the IF grant requirements.

- By checking this box, I certify that IF's currently employed, as well as those newly employed for the 2015-2016 school year, meet, or will meet, the employee requirements set forth in W.S. 21-13-335:
 - If employed prior to June 30, 2009, have at least five years of classroom teaching experience. Or,
 - If employed after June 30, 2009, have at least five years of classroom teaching experience **and** hold either a masters degree or certification by the National Board for Professional Teaching Standards.

District Name: _____

Superintendent's Printed Name

Superintendent's Signature

Date

Board of Trustee's Printed Name

Board of Trustee's Signature

Date