

## General Information

Grant Number	531
Project Title	Sensory Equipment
Please select the <b>MAIN</b> curriculum area your grant addresses.	Special Education
Does your grant have a technology component? (Will you have technology equipment, software, etc. in your budget?)	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Primary Contact Information</b>	
First Name	Teresa
Email	teresa_segerstrom@allenisd.org
Last Name	Segerstrom
Phone Number	972-396-6975
Campus	Lowery Freshman Center
Main Subject	Special Education
Grade(s)	<input type="text" value="9"/>
I have co-applicants.	<input type="checkbox"/>
<b>Social Media</b>	
Please provide your work-related social media contact information.	
Facebook	Teresa Segerstrom
Twitter	None
Other (please specify)	None

## Describe details of the project

Grant Number	531
<b>Campus/Student Information</b>	
Your campus:	Lowery Freshman Center
Will other campus' be involved/impacted by this grant?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Your grade(s):	<input type="text" value="9"/>
Will other grades be involved/impacted?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Please select all grades that will be involved/impacted by the grant.	<input type="text" value="9"/>
<b>Project Purpose</b>	
What is the problem, need, or opportunity that this grant will address? Explain <b>what students will know and be able to do</b> as a result of this project and/or how a problem will be addresses and/or how a situation improved because of the grant. (500 words or less.)	
<p>The many of the students who attend the Lowery Freshman Center in the Functional Academic Curriculum area have diagnosis of autism or autism like tendencies. The sensory equipment is needed for the students with autism to help them gain a measure of control over their environment.</p> <p>Sensory equipment like textured balls and other tactile objects can help the students overcome their difficulties with texture and touch. They can help a student with autism learn to interact with the world around them. Sensory equipment facilitates self-regulation, writing, and fine motor skills. The sensory motor equipment provides for hand rehabilitation/exercise/strengthening.</p>	

The sensory equipment like air cushions, noise reduction tools, reading devices, stress relief and silent classroom fidgets help the student focus on academic work because their sensory needs are being met through the sensory equipment. The weighted vests are needed to help the student focus on their academic task completion. The trampoline is needed to allow the student to gain their need for stimuli input. This type of sensory input helps to organize students brains and usually helps both sensory needs get to that correct level of focus. Students with autism need sensory equipment to achieve progress in their academics and social skills.

### Project Description

How will the project or program be implemented? Describe activities and tasks.  
Who is the target population and in what ways will they benefit? (500 words or less.)

During the school year the students with autism or who have autism like characteristics will have access to a daily sensory diet. The Functional Academic teachers will use the sensory equipment to balance the sensory needs of the student with the behavioral and academic needs. When the students are working on academic tasks like paper/pencil activities, answering questions within a group or reading out loud the use of weighted vests help them focus on the instructional skills. When the academic session is over the student remove the vests and get to choose their preferred activity. The trampoline and various sensory fidgets are part of the students preferred activities of which they can choose to use when academic learning is at a break time. By providing the correct sensory diet for each student they progress academically and behaviorally.

### Project Summary

Provide a brief summary for use on the Foundation's website and social media. (2-3 brief sentences)

Sensory equipment is part of the everyday academic and behavioral programming for students with autism or who have autistic like tendencies. The sensory equipment will help the students balance their daily sensory needs with progress in academic tasks and social skills development.

### Allen ISD Goals/ TEKS

Which Allen ISD goals/TEKS does this project support? Provide only two or three examples.

The Allen ISD mission statement is about being innovative in education to empower every learner to realize his or her potential. I feel like this grant fits with this statement. Developing a daily sensory diet specific to the needs of each student will help them to develop into productive adults in society working towards their own personal post-secondary goals. The students post secondary goal may be to work part time were they have learned to monitor their own sensory needs in order to keep a job and to advocate for themselves.

### Measurement

What specific measurements will be used to evaluate the effectiveness of the project? (500 words or less)

The effectiveness of the grant will be measured by taking data (daily if needed, weekly and monthly as appropriate) on the social skills or behavioral goals for the specific students who need sensory equipment during the school year. The data is graphed to show progress so that the next years teachers can continue to implement the daily sensory needs.

### Teaching Methods

What teaching methods will be used to implement this project? (500 words or less.)

This sensory approach is a planned direct teaching method. The sensory equipment is used daily for the identified students who need a sensory schedule. When implemented the students show progress in their social skills and academic knowledge.

### Timeline

What is the project timeline and the date of implementation?

The sensory equipment will begin upon receipt of equipment and will remain in the Functional Academics classes at Lowery Freshman Center for identified students use. This will all begin for the 2017 school year.

### Curriculum/System Support

Explain how this idea or project enhances/supports Allen ISD curriculum or existing systems.

The sensory equipment will be used at the 9th grade level to develop a sensory program that fits the sensory needs of the identified students. This will carry on through their high school years to help them develop age appropriate social skills and

progress on their academic development.

## Budget details

Budget Details ** All awarded funds will be available by September of the next school year.				
Budget Item	Item Type	Unit Cost	Quantity	Total Cost
Urban Re-bouncer Trampoline	Instructional Supplies or Resources	118.81	2	261.38
Weighted Vest Medium	Instructional Supplies or Resources	61.99	2	136.37
Weighted Vest Large	Instructional Supplies or Resources	65.99	2	145.17
Weighted Vest Extra Large	Instructional Supplies or Resources	69.99	2	153.97
Weighted Vest XX Large	Instructional Supplies or Resources	74.99	2	164.99
Tangle Relax Therapy	Instructional Supplies or Resources	9.95	12	131.34
Super Z Motion Bubbler	Instructional Supplies or Resources	7.99	4	35.15
Rhode Island Puffer Balls	Instructional Supplies or Resources	6.54	2	13.08
BUDGET TOTAL		1,041.45		
Are there any additional funds available for this grant? Campus or District Funds? PTA funds? Let us know if you have or will be seeking funds from other sources to help with this project.				
Additional funds?		<input checked="" type="radio"/>	No	
		<input type="radio"/>	Yes	

## Signature page and principal contact

Principal Approval Required		
<b>Please provide the Name and Email of your PRINCIPAL. (Not your name)</b>		
First Name	Last Name	Email Address(Completed)
Jill	Stafford	jill_stafford@allenisd.org
Applicant Signature		
By entering my name below I signify that I understand that if I move within the District and have written the grant myself, I may take the grant with me to my school (as long as it is appropriate for my classes). If I have written the grant as part of a team, I will leave the grant behind with the team. If I leave AISD, I will leave the grant with the school for which I wrote the grant. As a condition of this grant, I will complete an evaluation form provided by the Foundation.		
Signature	Teresa Segerstrom	
Date	03/14/2017	

## Principal's approval form

I certify that this would be a good use of funds for our school and this grant supports the district goals and/or our campus improvement plans. **Do NOT include any identifiers, such as: campus name, your name, teachers name or mascot **
No actions possible.
Comments
Approved

## History and final disposition of application

State Change History	
State Change	***** 03/14/2017 14:10:38 Submitted
State Change	***** 03/14/2017 15:35:58 Accepted

**Grant Status**

Grant Awarded  **Yes**  
 **No**

Award Amount 1042