

General Information

Grant Number	661
Project Title	Wobble Chairs in the DEAR classroom
Please select the MAIN 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
Primary Contact Information	
First Name	Toinette
Email	toinette_tillinghast@allenisd.org
Last Name	Tillinghast
Phone Number	214-995-9053
Campus	Reed Elementary
Main Subject	Special Education
Grade(s)	<input type="text" value="K"/>
I have co-applicants.	<input type="checkbox"/>
Social Media	
Please provide your work-related social media contact information.	
Facebook	N/A
Twitter	N/A
Other (please specify)	N/A

Describe details of the project

Grant Number	661
Campus/Student Information	
Your campus:	Reed Elementary
Will other campus' be involved/impacted by this grant?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Your grade(s):	K
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="K"/>
Project Purpose	
What is the problem, need, or opportunity that this grant will address? Explain what students will know and be able to do 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.)	
<input type="text" value="Our classroom has several students that have sensory needs and therefore they have a hard time sitting still."/>	
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.)	
<input type="text"/>	

the target population for these wobble chairs is the DEAR classroom. Many students will benefit by meeting their sensory needs, which will help them focus better on academics.

Project Summary

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

These wobble chairs will allow students to be more successful by meeting their sensory needs and allowing them to focus on academics.

Allen ISD Goals/ TEKS

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

By meeting the students' sensory needs, all academic, TEKS and IEP goals can be better met.

Measurement

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

The effectiveness will be noted on our daily data sheets. This will also minimize distractions that can be avoided.

Teaching Methods

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

We will use role modeling, social stories and verbal praise.

Timeline

What is the project timeline and the date of implementation?

This project will be used on a daily basis throughout the school year.

Curriculum/System Support

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

This project will enhance the Allen ISD by giving student the necessary tools to be more successful in the classroom.

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
Wobble Chair	Instructional Supplies or Resources	60.0	3	180.0

BUDGET TOTAL 180

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? No Yes

Signature page and principal contact

Principal Approval Required

Please provide the Name and Email of your PRINCIPAL. (Not your name)

First Name	Last Name	Email Address(Completed)
Susanne	Miller	susanne_miller@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 Toinette Tillinghast

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

These chairs would offer our DEAR students sensory feedback which would hopefully help them stay engaged.

History and final disposition of application

State Change History

State Change *****
03/15/2017 12:02:31
Submitted

State Change *****
03/15/2017 17:03:34
Accepted

Grant Status

Grant Awarded Yes
 No

Award Amount 180