

General Information

| | |
|---|---|
| Grant Number | 763 |
| Project Title | I Can Hear It Now! |
| 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 | Shayne |
| Email | shayne.williams@allenisd.org |
| Last Name | Williams |
| Phone Number | 469-467-1400 |
| Campus | Chandler Elementary |
| Main Subject | Special Education |
| Grade(s) | <div style="border: 1px solid black; padding: 5px;"> 1 K 2 3 4 5 6 </div> |
| I have co-applicants. | <input checked="" type="checkbox"/> |
| Social Media | |
| Please provide your work-related social media contact information. | |
| Facebook | |
| Twitter | AOLTTUSOFBALL |
| Other (please specify) | |

Grant Co-Applicants

| Additional Grant Applicants | | | |
|-----------------------------|-----------|---------------------|----------|
| First Name | Last Name | Campus | Grade |
| Erica | Ahedo | Chandler Elementary | Resource |

Describe details of the project

| | |
|---|--|
| Grant Number | 763 |
| Campus/Student Information | |
| Your campus: | Chandler Elementary |
| Will other campus' be involved/impacted by this grant? | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Your grade(s): | 1,K,2,3,4,5,6 |
| Will other grades be involved/impacted? | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Project Purpose | |
| What is the problem, need or opportunity that this grant will address? Describe the impact of this project on your students. (500 words or less.) | |

In Special Education we are constantly trying to meet the various learning needs of our students. When working independently, students work on programs that help re teach and supplement the curriculum. Students working on these programs, researching for projects, and/or practicing for various academic skills need to be able to hear what is being said on the device they are using. With headphones, students would be able to maintain focus on the task and not be distracted by the small group teaching and distractions of the classroom around them. In return, their programs would not disturb the learning of the other students working in the classroom. We currently share 7 pair of headphones, between the resource rooms and speech rooms. This is a disadvantage for those whose work is being delayed, because they have to wait until headphones are available before they are able to work on a device. It will be an advantage to those students who cannot afford to purchase headphones to bring to school, and will eliminate having to borrow from the computer labs.

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.)

We will immediately purchase and begin to use headphones. They will be accessible to resource, speech, SSI, DT, and ESL classrooms. Students will be able to freely access the headphones from designated area and return when work is completed. They will be used for educational websites, I Station, research, math websites, translation, testing, audio books, and so much more.

Project Summary

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

"If you provide them they will listen" grant from Allen Foundation has provided students with headphones to extend their educational learning without disruption! Students are now able to use technology without leaving the classroom!

Allen ISD Goals/ TEKS

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

All grade levels: Reading and Math TEKS, as well as, Technology based TEKS.
ELA: 1(A-F), 2(A-F), 3(A-F), 4(A-F), 5(A-F)
MATH: 2.2(A,B,E,F), 6.6 (A-D)

Measurement

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

Teacher observations, student data, student independent participation, and student success via program rewards/charts. We are expecting an increase in number of students using devices in our classrooms.

Teaching Methods

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

We will set expectations for use of headphones and how to store them properly so they do not get broken. Methods will be set to individual students as needed.

Timeline

What is the project timeline and the date of implementation?

Immediate, as soon as, money is received the headphones will be purchased and used immediately.

Curriculum/System Support

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

It will enhance the learning of already established technology, by providing a listening and learning experience that benefits all students.

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 |
|--|------------|-----------|-------------------|--|
| Set of 20 headphones | Technology | 90.0 | 3 | 270.0 |
| BUDGET TOTAL | | | | 270 |
| 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 | | |
|--|-----------------|--------------------------|
| Please provide the Name and Email of your PRINCIPAL. (Not your name) | | |
| First Name | Last Name | Email Address(Completed) |
| Cindy | Blair | cindy.blair@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 | Shayne Williams | |
| Date | 01/22/2018 | |

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 |
| Yes -this would be tremendously helpful. |

History and final disposition of application

| State Change History | |
|----------------------|---|
| State Change | ***** 01/22/2018 13:20:13 Submitted |
| State Change | ***** 02/05/2018 17:51:23 Not Submitted |
| State Change | ***** 02/05/2018 17:51:26 Submitted |
| State Change | ***** 02/05/2018 20:14:43 Accepted |
| Grant Status | |
| Grant Awarded | <input type="radio"/> Yes <input type="radio"/> No |
| Award Amount | |