

SERVING WESTCHESTER/ROCKLAND

Maureen Cahill, Project Director
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(914) 345-8500

IMPACT II DEVELOPER GRANT APPLICATION

Awards in the amount of \$300.00 will be granted to teachers of exemplary existing programs and projects.

Please return the Application as soon as possible. No application postmarked After 3/13/08 can be considered.

Appl. Code # _____
(For Staff Use)

Part A. General Information (Please type or print neatly)

**RECIPIENTS MUST BE AVAILABLE TO DISCUSS THE PROGRAM WITH OTHER INTERESTED TEACHERS.
PROGRAM MUST HAVE BEEN IN OPERATION FOR AT LEAST ONE YEAR.**

Applicant's (Developer's) Name _____

School Name _____ School Telephone _____

School Address _____
(Number) (Street)

(City) (Zip Code) (School District)

Principal/Supervisor's Name _____

Applicant's Home Address _____
(Number) (Street) (City) (Zip Code)

Home Telephone _____

Please indicate if you are available to discuss the program with other interested Teachers. Yes _____ No _____

Can you be contacted by telephone at school? Yes _____ No _____

Indicate hours: _____ to _____

Can you be contacted by telephone at home? Yes _____ No _____

B. Program Description

Please write a narrative description of your program using the format that appears below. This sample format indicates exactly what should be included in your narrative. Please TYPE or PRINT in DOUBLE SPACE on no more than two 8 1/2 x 11" pages. The pages must be attached to this application. A program profile, as it appears in the IMPACT II Catalog of Teacher-Developed Programs is enclosed. You should use this as a model: however, you must TYPE or PRINT in DOUBLE SPACE the narrative description you submit. All section headings must be included.

SAMPLE FORMAT—PROGRAM PROFILE

The Heading	Curriculum Area(s) Grade Level(s) Title of Program
The Program	Describe the program briefly and succinctly. Start with one-sentence description. (e.g., Robots Come Alive is an inter-disciplinary project in which children construct two to five foot, three-dimensional models of robots, go on to compose robot stories, build a robot community, and learn how to wire a simple circuit so that their robots light up.) Then elaborate with an overview of the program in action. Provide at least one example, in detail, of a classroom activity. Include one or two examples of materials used, books or trips recommended, and guest visitors invited to participate. Be sure to mention instructional materials (bibliography, explanatory sheets) you may have available for teachers interested in adapting your program.
The Students:	Tell how many students participate in the program; their grade or age; their level of achievement; how often the classes met. State whether or not the program can be adapted to other age groups or achievement levels, and whether or not it can be implemented with larger or smaller groups.
The Staff:	Tell who developed the program; who implements it; what kind of teaching experience this person(s) has; awards, grants. Is the program implemented with assistance (paraprofessionals, volunteers)? Does it have support from administration, department chairperson, principal? State whether or not the program can be implemented without support.
Materials & Facilities:	Describe the setup required: (laboratory, large space, school) Facilities: (library, complex equipment). What materials (books, paper, ditto machine, projector) are needed? Are there simpler or alternative ways of implementing the program?
Outside Resources:	These include field trips to museums, theaters, parks; use of public library; contributions and loans from parents or institutions; guest speakers.
Overall Value:	Write a few sentences that sell your program. Explain why another teachers would want to adapt your program in his/her classroom.

NAME OF DEVELOPER DEVELOPER'S SCHOOL SCHOOL ADDRESS & PHONE
PRINCIPAL'S NAME

*NOTE: Include the following information for each book or publication that you mention; author's last name, first name, title of book/publication; city where published; date of book/publication.

Part C: Program Assessment (Please type or print neatly)

How long has this program been in operation _____

Are you the teacher(s) who developed this program? Yes___ No___

Explain: _____

What is innovative about this program?

What teaching/learning materials have you developed for this program? Please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> instructional guideline | <input type="checkbox"/> curriculum guide | <input type="checkbox"/> bibliography |
| <input type="checkbox"/> list of outside resources | <input type="checkbox"/> course outline | <input type="checkbox"/> publications |
| <input type="checkbox"/> list of basic materials | <input type="checkbox"/> student work sample(s) | <input type="checkbox"/> computer programs |
| <input type="checkbox"/> audiovisuals | <input type="checkbox"/> lesson plans | <input type="checkbox"/> other |
| | | (Describe) _____ |
| | | _____ |

Why do you consider this program successful? (e.g. increased academic performance; improved attitude towards school and learning; strengthened curriculum organization); student products (play, newsletter, publications.)

Indicate which New York State Standards and aligning performance indicators are supported by this program. Refer to pages 6 and 7 for a sample program, its supporting standards and performance indicators.)

Document: _____

Indicate Level: Elementary Intermediate Commencement

Standard: # _____

Performance Indicator(s):

Part D: Other Information

What materials and/or equipment will an adaptor need to replicate your program? (Please list and indicate approximate cost.)

<u>Item and Description</u>	<u>Approximate Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
	Total _____

Please indicate how you heard about the IMPACT II program:

Brochure _____ Conference _____ Principal _____ Another Teacher _____

Teacher's Center _____ BOCES Newsletter _____ Other _____

Signature of Applicant

Signature of Principal/Supervisor
(Required)

ONLY THE APPLICATION AND NARRATIVE WILL BE CONSIDERED, MATERIALS SUCH AS VIDEOS, PHOTOS, TAPES, AND PROJECTS WILL NOT BE ACCEPTED OR RETURNED.

PLEASE RETURN COMPLETED APPLICATIONS AND NARRATIVE PROFILE TO:

Questions regarding this application may be directed to IMPACT II governance board members and building representatives or to the project directors listed on page one of this application.

Maureen Cahill, Project Director
IMPACT II
Southern Westchester BOCES
2 Westchester Plaza
Elmsford, New York 10523

REVISED: February

03, 2008

Document: _____

Indicate Level: _____Elementary _____Intermediate _____Commencement

Standard:# _____

Performance Indicator(s)

Document:

Indicate Level: _____Elementary _____Intermediate _____Commencement

Standard:# _____

Performance Indicator(s):