Education Innovation Proposal and Grant Application

This form contains the required information for a Local Education Agency to consider an Innovation Program for approval and potential funding. This form is intended to be a supportive resource but is not required for an application to be approved. Please email approved applications to the ULEAD Director at ulead@schools.utah.gov.

Applicant First and Last Name _____

Applicant Credentials Include a short, comprehensive biography of credentials relevant to the application and implementation of the proposed program. Attaching a full resume or CV is encouraged.

Additional Staff First and Last Name _____

Staff Credentials Include a short, comprehensive biography of credentials relevant to the application and implementation of the proposed program. Attaching a full resume or CV is encouraged.

If necessary, include name and credentials of any other staff working in the opportunity class. Attach pages as necessary for all staff working in the class.

Parent Consent

Teachers should have a signed parent consent form for all participants. Attaching a copy of the parent consent form is recommended. The following are required components of the consent form:

- The name and a summary of the credentials of each teacher and other staff member who will be teaching or working in the opportunity class;
- An explanation that the innovation class is experimental in nature and may not receive approval to continue beyond the school year for which the innovation program is approved;
- A description of the alternative curriculum and alternative classroom schedule, as applicable, that the innovation program application intends to seek approval for;
- A description of how, when, and where the opportunity class instruction will take place and whether the instruction will include in-person, virtual, or hybrid components;
- If the innovation application intends to include a proposed alternative curriculum, a description of:
    - The alternative curriculum and the instructional materials to be used in the opportunity class; and
    - The outcomes the opportunity class using the alternative curriculum is designed to achieve; and
- A statement accompanying the parent's signature indicating that the parent has read the explanation of the opportunity class contained in the consent form and understands the experimental nature of the opportunity class.

Type of Proposed Innovation

Select the type of innovation program proposed. Both options may be selected

☐ Alternative Classroom Schedule means a classroom schedule that is different than the schedule followed by other classrooms in the applicable school or LEA. Proposals may include options for different requirements of provisions for length of attendance for in-person, virtual, or hybrid instruction.
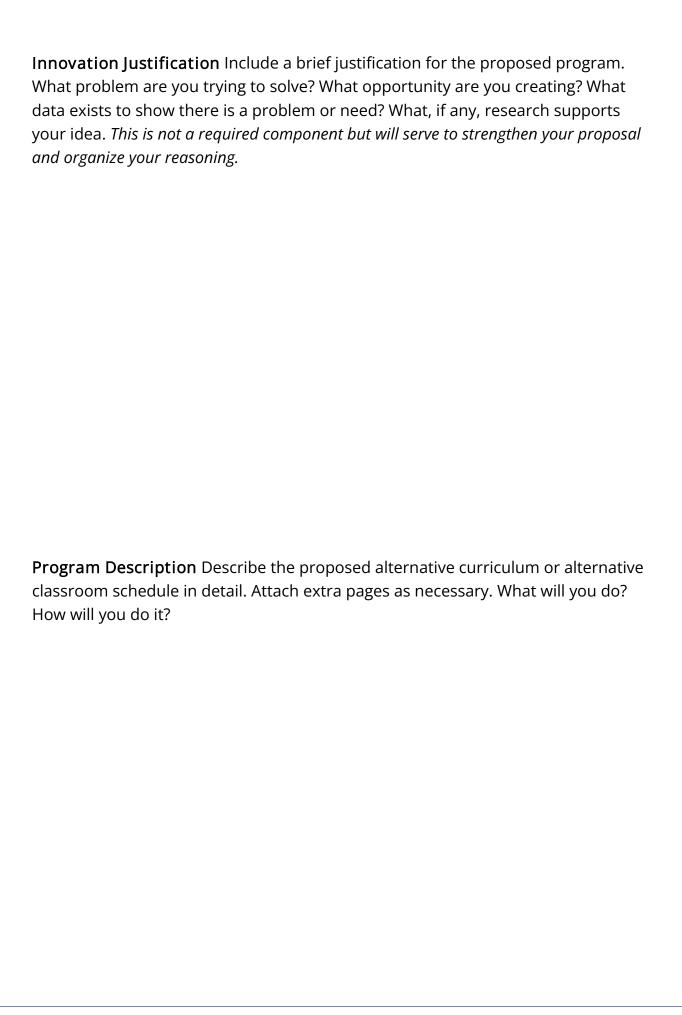
☐ Alternative Curriculum means curriculum in one or more subject areas that is based on standards that are different than the standards adopted by the state board and applicable to the regular curriculum offered in the subject area(s) in the applicable school or LEA. In elementary school this includes English, mathematics, science, or history and social science. An innovation program application that proposes an alternative curriculum may include a proposal for a different curriculum or an innovative delivery of curriculum.

Instruction Details

How will the instruction take place? Check all that apply.

☐ in-person   ☐ virtual   ☐ hybrid

In a short explanation, why is this the appropriate delivery format for the proposed innovation program?

When and where will the instruction take place? Examples: 4th period, every Thursday, daily in math instruction, after school M-Th, in the computer lab, in the regular classroom, etc. Include the proposed start and end dates, if known.

Innovation Proposal

Title _____

Grades or Classes Included _____

Estimated Number of Students Impacted _____

Innovation Justification Include a brief justification for the proposed program. What problem are you trying to solve? What opportunity are you creating? What data exists to show there is a problem or need? What, if any, research supports your idea. *This is not a required component but will serve to strengthen your proposal and organize your reasoning.*

Program Description Describe the proposed alternative curriculum or alternative classroom schedule in detail. Attach extra pages as necessary. What will you do? How will you do it?

Intended Outcomes Describe how innovative curriculum or classroom schedule adjustments will enhance learning, performance, or educational experience of participating students.

Student Learning and Performance What are the specific student learning and performance indicators? This may be written as "The student will..."

Student Learning Assessment Explain how you will assess the innovation program and student learning. What information will you need to collect and analyze to evaluate your success?

Student Access Which of the following services normally provided by the applicable school or LEA will participating students access for this innovation? Check all that apply.

☐ Transportation Services   ☐ Cafeteria Facilities

☐ After-School Activities   ☐ Other Extra-Curricular Activities

☐ Special Education Services

    Other Facilities _____

☐ Other Activities _____

☐ Other Services _____

Alternative Curriculum Components

This section is only required if the proposed innovation include alternative curriculum.

Curriculum and Instructional Materials
Describe the alternative curriculum and instructional materials to be used.

Curriculum Justification *Further justification is not required, however; if alternative curricula or materials exist, it may be beneficial to describe why the selected materials are the best option.*

Materials Link *Links to materials are not required but may also be helpful in strengthening the application.*

Grant Funding

This section is only required if funding to support the proposed innovation is being requested. Funds may be requested *up to* $5,000 per application. *If the state maximum of $500,000 per award year has been reached, the state board will notify the approving LEA that funds have been extended and will not be disbursed.*

Funding Request

I am requesting _____ in grant funds to support this innovation. *A detailed budget is not required but is recommended. Links to vendors or items are also helpful. If necessary, attach additional pages*.

Item Description	Vendor	Cost per Item	Total
Ex. 25 Headphone Sets	*Amazon.com*	*$7.49*	*$187.25*
		Total Request	

Funding Narrative Provide a brief description of why the proposed purchases are necessary to fulfill the innovation proposal.

Monitoring and Evaluation

After approval, the LEA and teacher should establish and agreement about the measurement of student learning and performance outcomes for the approved innovation program. Completing this section of the form is meant to accelerate and support that process while ensuring all rule requirements are met. *This portion is not required before submitting the application and approval but may strengthen an application.*

Success *While not required, it may be beneficial to succinctly state what success would look like and what it would mean for your students. Data collection should help measure this success.*

Data Collection Describe data collection for each student learning objective or performance measure. Measures may require more than one data point. Room for three measures are provided but may be reduced or expanded as necessary.

Data Measure #1

Student learning objective or performance indicator:

What is the baseline data or what baseline will you collect:

What type of data will you collect to measure success or attainment:

When will you collect this data? With what frequency?

Who is responsible for collecting this data? What are they responsible for?

Data Measure #2

Student learning objective or performance indicator:

What is the baseline data or what baseline will you collect:

What type of data will you collect to measure success or attainment:

When will you collect this data? With what frequency?

Who is responsible for collecting this data? What are they responsible for?

Data Measure #3

Student learning objective or performance indicator:

What is the baseline data or what baseline will you collect:

What type of data will you collect to measure success or attainment:

When will you collect this data? With what frequency?

Who is responsible for collecting this data? What are they responsible for?

Other Measures If applicable, describe any other relevant evidence needed to effectively measure student learning and performance outcomes resulting from the innovation program.

Data Collection Timeline Using the proposed measures, collection time, and collection frequency detailed above, combine relevant timeframes and deadlines. *A table is provided as one organizational option, but not required.*

Data Type	Collection Method	Date(s) Collected	Results Expected
Ex. Fluency Score	*DIBELS*	*Aug., Jan., May*	*Sept., Feb., June*
Ex. Student Work	*Daily Exit Ticket*	*Daily*	*Daily*

Data Reporting Describe how you will share data that is collected. Name the type of data or score, who you will share it with, how you will share it, when, and the frequency.

Example: DIBELS scores will be shared with parents and students in a printed report at fall and spring conferences. End of year scores will be mailed with the final report card.

Example: Student survey responses will be shared with ULEAD and the LEA as part of the final report, on or before June 15.

Data Protections Are any special data protection measures or considerations needed for the type of information you plan to collect? If so, what are they and how will you mitigate any potential risk for students?

Data Agreements

☐ I affirm that I will follow all relevant data protection procedures consistent with state and federal law.

☐ I affirm that I am responsible for reporting innovation progress and results to both my LEA and the ULEAD Director, as requested.

☐ I affirm that I will report relevant results to the LEA governing board that approved the innovation program *and* the ULEAD director within 120 days after the completion of the school year during which the innovation was implemented.

Data Contacts

In my LEA approving board, reports and correspondence about the innovation program will be sent to:

Name _____   Role _____

Email _____   Phone _____

Reports and correspondence about the innovation program shared with ULEAD should will be sent to:

Current ULEAD Director   ulead@schools.utah.gov   801-538-7543

Applicant Signature

_____   _____
Applicant Signature   Date

Additional Signatures *if multiple teachers or staff are responsible for the application*

_____   _____
Signature   Date

_____   _____
Signature   Date