

**SOUTH LAKE SCHOOLS
CURRICULUM IMPROVEMENT GRANT APPLICATION
DUE TO CURRICULUM OFFICE BY JUNE 16, 2017**

WHAT CURRICULUM AREA WILL YOU ADDRESS: _____

Briefly describe the plan.

Who: _____

What: _____

Where: Administration Building for Curriculum Development

When: _____

WHY IS THIS REQUEST BEING MADE? _____

WHAT WILL BE THE PRODUCT OR OUTCOME OF THIS PLAN? _____

HOW WILL YOU ADDRESS/INCORPORATE THE FOLLOWING:

- GLCE's or HSCES
- Differentiation
- Diversity/Culturally Responsive Teaching Strategies
- At-risk students
- Technology

WHAT RESOURCES ARE REQUESTED:

Release time with substitute teacher	_____	(NO MONDAYS OR FRIDAYS)
Number of substitutes needed	_____	All day _____ Half day _____
Development of curriculum (\$20 per hour)	_____	Number of hours _____
Non-development of curriculum (\$20 per hour)	_____	Number of days _____
Number of people	_____	Total Cost _____

Requested by: _____

Name	Title	Date
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NOTE: PAYMENT WILL BE MADE UPON COMPLETION OF WORK. (use grant outcome form)

APPROVALS

Principal: _____ Curriculum Director: _____
Memo: _____ Memo: _____

CURRICULUM IMPROVEMENT GRANT OUTCOME

This form must be completed and turned into Curriculum Director when work is completed before stipends will be released.

1. CURRICULUM GOAL

2. HOW WILL YOUR SUMMER WORK IMPACT STUDENT ACHIEVEMENT? (Be specific)

3. EVIDENCE OF OUTCOME (Please provide a copy of your completed work product.)

4. PLEASE FILL OUT THE FOLLOWING AND SIGN TO CONFIRM HOURS WORKED FOR STIPEND.

NAME OF EMPLOYEE	HOURS WORKED	DATED WORKED	SIGNATURE