

Application for Succeed Scholarship Program

Private School



Complete this form & return to the Arkansas Department of Education.

Name of School: St. Edward Catholic School

Person Completing Form: LaTonya White

Title: Principal

E-mail: principal@saintedwards.net

School Address:

805 Sherman

Street and/or Route Number

Little Rock, AR 72202

City, State ZIP

School Phone:

501-374-9166

Voice

501-907-9078

Fax

A1. Please specify the grade levels and services that your school has available for students with severe disabilities who are participating in the program. **Attach pages if necessary.**

Grades Levels: K - 4

Types of Services: See attached document

A2. Please submit as an attachment a copy of your school's disciplinary procedures, code(s) of conduct, and parental involvement requirements.



I verify that this documentation is attached.

Initial: AW

B1. Please verify that your school meets the accreditation requirements set by the State Board of Education, the Arkansas Nonpublic School Accrediting Association, or another accrediting association recognized by the State Board of Education as providing services to severely disabled individuals.

Accrediting Authority: Arkansas Nonpublic School Accrediting Association (ANSAA)

Initial: AW

B2. Please verify that your school demonstrates fiscal soundness by one (1) of the following methods and submit as an attachment proof as necessary:



The school has been in operation for one (1) school year.

Initial: AW

OR



A statement by a certified public accountant is attached confirming that:

- The school is insured; and
- The school has sufficient capital or credit to operate in the upcoming school year.



If statement is necessary, I verify that this documentation is attached.

Initial: _____

OR



A surety bond or letter of credit for the amount equal to the scholarship funds for any quarter has been filed with the Arkansas Department of Education's Fiscal & Administrative Services Division.



If surety bond or letter of credit is necessary, I verify that this documentation is attached.

Initial: _____

B3. Please verify that your school complies with the antidiscrimination provisions of 42 U.S.C. § 2000d.



I verify that the school is in full compliance.

Initial: VB

B4. Please verify that your school meets state and local health and safety requirements and maintains an environment in which the health, safety, and welfare of students is not threatened. It is recommended that each employee and contracted personnel with direct student contact, upon employment, or engagement to provide services, undergo a state and national background screening and that a complete set of fingerprints be taken by an authorized law enforcement agency or an employee of the private school or a private company who is trained to take fingerprints and that employment should be denied or terminated if an employee fails to meet the screening standards.



I verify that the school meets all requirements and maintains such an environment.

Initial: LW

B5. Please verify that your school is academically accountable to the parent(s) or legal guardian(s) of any student(s) participating in the Succeed Scholarship Program for meeting the educational needs of students.



I verify that the school is academically accountable to parents/legal guardians of students participating in the program.

Initial: LW

B6. Please verify that your school employs or contracts with only teachers who hold baccalaureate or higher degrees.



I verify that the school employs or contracts with only teachers who hold such degrees.

Initial: LW

B7. Please verify that your school employs or contracts with at least one (1) teacher who holds a current, valid standard license in special education issued by the Arkansas State Board of Education and **submit as an attachment** proof as necessary. It is recommended that the teacher(s) hold licensure appropriate for the grade level(s) for your school's special education program(s).



I verify that the school employs or contracts with at least one (1) teacher who holds a current, valid standard license in special education issued by the Arkansas State Board of Education, and that if, at any point following the school's approval to participate in the Succeed Scholarship Program, the school no longer employs or contracts with at least one (1) such teacher, I affirm that the school will notify the parents/legal guardians of students participating in the program enrolled in or regularly attending the school within five (5) days and that the school will notify the State Board of Education or its designee within twenty (20) days.

Type of Proof Submitted:

AR Licensure PK - 12

Initial: LW

B8. Please verify that your school complies with all state laws and regulations governing private schools.



I verify that the school is in full compliance. Initial: RW

B9. Please affirm that your school will adhere to the tenets of its published disciplinary procedures before an expulsion of a student participating in the Succeed Scholarship Program.



I affirm that the school will adhere to the tenets of its published disciplinary procedures before expelling a student participating in the program.

Initial: RW

C1. Please affirm that your school will administer annually or make provisions for a student participating in the Succeed Scholarship Program to take a nationally recognized, norm-referenced test as established by the State Board of Education and that your school will prepare a portfolio that provides information on a student's progress to the student's parent or legal guardian if a student has an individualized education program that provides for an exemption to standardized testing.



I affirm that the school will administer such standardized tests annually and that the school will accommodate students with IEPs that exempt them from standardized testing.

Initial: RW

C2. Please affirm that your school will notify the State Board of Education or the State Board of Education's designee if any student participating in the Succeed Scholarship Program ceases to be enrolled in or regularly attend the school for any reason.



I affirm that the school will notify the State Board of Education or its designee if any student participating in the program ceases to be enrolled in or regularly attend the school.

Initial: RW

Signature: LaDanya White

Date: 05/16/16

RETURN COMPLETED APPLICATIONS TO:

**Arkansas Department of Education
Office of Legal Services
Four Capitol Mall, Room 301-A
Little Rock, AR 72201**

Application for Succeed Scholarship Program

A1. Grade Levels:	K-4
Types of Services:	Universal Screening for Dyslexia with DIBELS, 3 times per year CTOPP's, if necessary Barton Screener to determine program readiness Reading Intervention – Alphabetic Principle and Phonemic Awareness activities (K), or Barton Program for Reading and Spelling and DIBELS Progress Monitoring activities (1st – 4 th) Math Intervention – Touch Math or extra ALEKS Math assistance Academic and Behavioral Learning Plan, if necessary (See attached) Progress Monitoring with Star Early Literacy, 5 times per year, K-3 Progress Monitoring with Star Reading, 5 times per year, 1st - 4 th Progress Monitoring with Star Math 5 times per year, 1 st – 4 th - Reading Eggs – Web-based Reading program ALEKS Math – Web-based Math program, 3rd – 4th Liaison to assist arranging for private OT or PT Liaison to assist arranging for Speech Therapy from LRSD Interpretation of testing reports or psychological evaluation Initiation of Referral or Re-evaluation for IDEA to LRSD After-School Tutoring (as funds are available)

St. Edward Catholic School
Academic and Behavioral Learning Plan

Name _____ Date _____ Grade _____
 Diagnosis _____ Standardized Test Scores (Reading) _____ (Math) _____
 Star Reading _____ Star Math _____

A. Instruction and/or Materials

- _____ Repeated review and drill
- _____ Preferential seating
- _____ Visually reinforce by showing pictorial representation or writing info on the board
- _____ Cue student by using attention-getting phrases or taps
- _____ Allow extra response time
- _____ Establish eye-contact with student
- _____ Peer-tutoring
- _____ Short, simple, concise directions to be repeated by student
- _____ Provide a "recipe sheet" that numbers and sequences procedural steps
- _____ Frequent comprehension checks during instruction
- _____ Provide "quiet" toy for listening activity
- _____ Seating of appropriate peer-model student nearby
- _____ Tape lectures
- _____ Audio textbook
- _____ Note-taking assistance by providing student a teacher copy, allowing photo, or copy of peer notes
- _____ Study guide – provide 1 week in advance
- _____ Use graphic organizers
- _____ Highlight key words, phrases, and sentences in text
- _____ Ear phones to block distractions
- _____ Desk carrel or divider
- _____ Provide books and materials at an easier reading level
- _____ Use of special seating (ball, inflated cushion, rolling chair, bands on chair) or podium for standing

B. Assignments

- _____ Cue to write down assignment in assignment book
- _____ Assignment book checked for accuracy, textbooks needed, and signed-off by each teacher and parent
- _____ Use post-it notes to mark assignments in textbooks
- _____ Assign odd or even
- _____ Spelling - Challenge words eliminated
- _____ Math - Use graph paper to keep numbers in columns
- _____ Math - Provide a table of math facts
- _____ Math - Calculator
- _____ Math/Reading – Use Reteach worksheets
- _____ SS/Sci - Give page numbers to help locate answers
- _____ Substitute alternatives for written assignments (models, posters, collections, mobile, panorama)
- _____ Use of computer for written work
- _____ Provide checklist for long, detailed, or multiple assignments
- _____ Extended time for assignments
- _____ Set time limits for specific task completion (Ex. Finish assignment *before* recess, computer, or lunch activity OR finish assignment in 20 minutes).
- _____ Use of a timer
- _____ Frequent checks on progress after assigning independent work

C. Tests

- Extended time
- Oral tests
- Dictated answers
- Use of notes
- Use of table of math facts
- Use of calculator
- Use of picture vocab reminders
- Reduce multiple choices
- Provide a word bank
- Open-book tests
- Take-home tests
- Provide the first letter of the missing word
- Use paragraph with fill-in spaces instead of short essay
- Allow the student to complete an independent project as an alternative test

D. Grades

- Use a different rubric
- Do not take off for spelling errors
- Provide a partial grade for effort
- Weight daily work higher than tests
- Permit student to correct errors for a better grade
- Permit student to retake a test for a better grade
- Use Pass/Fail

E. Behavior

- Begin each morning with "check-in" time to organize the day
- Provide opportunities for movement
- Accuracy Goal (3 out of 4 correct earns the student _____)
- AM/PM Report Card with "rewards"
- Daily Report Card with "reward" at home
- Alert student in advance about transition from one activity to another
- Arrange for student to leave the class to go to a designated "safe place" when under high stress
- Provide cooling-off period and/or place
- Use nonverbal cues to remind student of rule violation or inappropriate behavior
- Develop individual rules for the student
- Develop individualized behavior intervention plan that is positive and consistent with the student's abilities and skills

F. Other

**These modifications will be used for one academic year. At the beginning of the next school year, the student's needs will be reassessed and a new checklist will be created, if needed.

Developing Participants -

Parent _____

Teacher _____

Principal _____