

SET-BC TIER 2 APPLICATION FORM



SET-BC TIER 2 CLASSROOM-BASED PROJECTS

Each year, our SET-BC District Planning Team identifies the specific classrooms that will receive Tier 2 classroom-based solution services from SET-BC. These classroom-based projects offer classroom teachers the opportunity to implement specific technologies to support diverse learning needs by providing consultation, training, implementation support, and hardware and/or software loans. At the end of each school year, the technologies are transferred to the district so school teams can continue to support students who need help accessing the curriculum in the classroom setting.

SET-BC has supported a number of classroom-based solutions in the past. Here are some examples of the classroom-based solutions that have been supported:

- Supporting Middle School Reading, Writing and Research with SOLO6
- Supporting Differentiation and a Student Technology “Toolkit” with District Kurzweil 3000 and SOLO 6 in Grade 6
- e-Portfolio and Student Website Creation to Support Multiple Means of Student Engagement and Expression Supporting Literacy Development and Multiple Means of Representation with iPads
- Supporting Early Writers in Grade 2/3 with Clicker 6

For an extensive list describing the classroom-based solutions SET-BC has supported, please go to: (<http://www.setbc.org/classroom-technology-projects/>). As well, more information on SET-BC’s service delivery model can be found at <http://www.setbc.org/district-services/> or through your district’s SET-BC partner.

If you have a classroom-based project for your school, please submit proposals to the district’s SET-BC partner by using the attached form. Please scan/email the form, Jason Sirianni at jsirianni@sd73.bc.ca . **The deadline for submission is May 6th of the current school year.**

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Project Title		YEAR:
School		Phone
Key Contact		Role
Phone number		Email
Principal		Email

Project Participants		
Class Profile	Team Profile	
Grade: Number of students: Diverse learning needs:	Name:	Role:

Model(s) of Collaboration
Which strategy/strategies of collaborative teaching will you pursue with your team? <input type="checkbox"/> Team Teaching <input type="checkbox"/> Station Teaching <input type="checkbox"/> Parallel Teaching <input type="checkbox"/> One Teach, One Monitor <input type="checkbox"/> One Teach, One Observe Comments:

Project Description
Project Summary: (What are your goals, objectives and purpose of this project?)

Curricular Goals: (What are the curricular goals that your project will address?)

District Planning Team Decision (School team does not complete this section) → <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DEFER
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Rationale:

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Project Timeline: (outline your project highlights for the year)

April 30th : *Planning form submitted to SET-BC Partner*
September ____: SET-BC *Collaborative Action Planning (CAP)*
October -
November -
December -
January -
February -
March -
April -
May -
June-

Additional tasks needed to prepare for the project:

Plan for planning:

(Ongoing preparation and planning is necessary for meaningful technology integration. How might you ensure that you maintain focus?)

Final Project Outcome(s):

(What are the anticipated outcome(s) for your students' learning? For your teaching practice?)

Project Evaluation:

(How will you know you are successful? What might success look/sound like? What evidence will you collect?)

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Project Support Request

Please describe anticipated technology needed to meet your project goals.

School / District Contribution

Please describe your school or district resources that will be required for this project (e.g. equipment, release time, etc.)

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Release time for team | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Network access | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Printer and scanner access | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Power bars / extension cords | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Word Processing software | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Antivirus software | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Educational software/apps | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Adapters (e.g. iPad to projector, etc.) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Furniture (e.g. storage unit, stands, etc.) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Facilities support (e.g. mounting of hardware, etc.) | <input type="checkbox"/> _____ |

Additional Information:

Describe how your project fits into current district and/or school initiatives (e.g. UDL, RTI, etc.), demographic of your school population, your teaching philosophy, and anything else you'd like to share that we should consider for your application.

I understand that school and district resources will be required for this project as indicated above and agree to provide resources and time necessary to successfully implement the technology for this project.

School administrator signature

Key contact signature

Print Names: