

Innovative Service Application 2018-2019

Part 1: District and Contact Information

District Name:

District IRN:

Contact Name:

Contact Role:

Contact Phone Number:

Contact Email Address:

Part 2: District Eligibility

You must check *each* box to proceed to Part 2.

- The service is *not* an already-existing service described in the gifted operating standards.
- All district students who meet the eligibility criteria have an equal opportunity to participate in the service.
- The service is paid for by the district, including access to district transportation.

The service meets one or more Priority Areas (must check at least one):

- Priority Area:** Services in any combination of Kindergarten, First Grade, and/or Second Grade.
- Priority Area:** Talent development strategies to increase identification rates of students from traditionally underrepresented populations in the district. Talent development is the use of enrichment strategies and instructional supports so that students can develop and demonstrate higher levels of academic achievement.

Part 2: District Eligibility

You must check *each* box to proceed to Part 2.

- Priority Area:** Services specifically designed to enhance a student's career readiness in a particular field. This may include, but is not limited to, careers in the visual and performing arts.
- Priority Area:** Social and emotional services and supports. This may include, but is not limited to, services and supports for students who are twice exceptional, peer mentorships, and counseling from educators or other qualified professionals.
- Priority Area:** A district-determined Priority Area as set forth in the district's strategic planning process or continuous improvement process.

Part 3: Application Review Components

(for detailed scoring information, see the Scoring Rubric)

1. *A description of the service, including the name(s) and qualifications of the service provider(s), the supervising administrator, and the Priority Area(s) from Part 1 addressed by the service. Please include any applicable information such as the title or name of service, grade level(s), subject area(s), identification area(s), and the anticipated class size and instructional time.*
2. *The evidence or research suggesting that the service is effective or a promising practice.*
3. *An explanation of the data the district used to determine the service meets the unique needs and characteristics of the district's students.*
4. *The criteria district students must meet in order to qualify for the service and an explanation of how all students who meet the criteria have an equal opportunity to participate.*

Part 3: Application Review Components

(for detailed scoring information, see the Scoring Rubric)

5. A description of how the service offers a unique, sustained and challenging experience that extends, replaces, or enhances learning opportunities **or provides social and emotional supports** appropriate for the district's students.

6. The desired outcome of the service and measurable goals to achieve that outcome.

7. The implementation plan for the service, including action steps and timeline.

8. The plan to evaluate the effectiveness of the service.

Part 4: District Assurances

- By checking this box, I assure each educator who is responsible for delivering the gifted education service(s) described in this application knows his or her responsibilities **and meets the criteria to be a provider of gifted services per** Ohio Administrative Code 3301-51-15 and the *Operating Standards for Identifying and Serving Students Who are Gifted*.
- By checking this box, I assure the district recognizes that approved Innovative Services are valid only for the approved time frame.

Superintendent Signature: _____

Date: _____

**Part 5: Application Review
(for Department use only)**

Application Approved

Length of approval, contingent on department review of evaluation of effectiveness:

Schedule for submitting evaluation of effectiveness:

Application Not Approved

Reason Not Approved:

DRAFT