CAS Competitive Grant Application

**Coaching Support For**

**Special Education Administrators**

Connecticut Association of Schools

Contact: Marie Salazar Glowski

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Due Date: October 7, 2019



**Affirmative Action Statement**

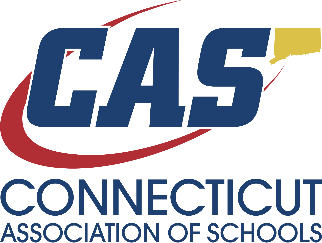
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**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

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# **BACKGROUND FOR DEVELOPMENT OF GRANT**

**The Connecticut State Department of Education (CSDE), Bureau of Special Education and the Connecticut Association of Schools (CAS) partnership**

This special education executive coaching model has been developed as a result of many requests from the field indicating that special education administrators would benefit greatly from the support of an executive coach with special education expertise. It was determined the CSDE would support this model through an application process made available to districts. Grant awardees will receive a coach at no cost for the services provided.

The coaching support helps administrators understand requirements related to Federal and State regulations. Coaches will work with administrators to enhance time management, organizational skills and communication strategies. Differentiated support will be provided as determined by the administrator based upon their individual, school, and or district needs. Possible outcomes may include increased job effectiveness; improved staff satisfaction and retention; timely responses and resolutions to compliance related matters; improved staff and family communication; and increased parent satisfaction. It is anticipated that this support will assist the special education administrator in managing special education requirements resulting in improved programming and services for students with disabilities.

Through this grant, the CSDE and CAS will work collaboratively with partner districts to:

* Support a new or experienced special education administrator;
* Create and or support an existing structured, individualized support plan for the administrator;
* Build capacity for supporting equitable learning experiences for all students, specifically, students with disabilities; and
* Enhance district capacity for implementing and sustaining successful practices that are developed throughout the year by providing training and technical assistance and resources to identified special education administrators.

# **GRANT INFORMATION**

**Services will be provided at no cost to the districts that are awarded the grant.**

**SCOPE OF SERVICES**

1. **CAS Executive Coach**

* A coach with special education expertise will be assigned to the special education administrator. The coach will meet with the administrator for up to 10 days. during the grant period.
* The coach will become familiar with the district’s special education department and together with the administrator will develop an action plan.
* The coach will provide technical assistance and strategies to implement the plan and achieve the goals within the plan.
* The coach will be available by email and phone.

1. **Project updates and end of the year summary.**

* The coach will submit logs providing an overview of activities, questions and feedback and a self reflection of each session to include its outcomes and next steps.
* An end of the year report will be provided to each administrator, which will document activities related to the structured individualized support plan inclusive of an action plan for next steps.

**GRANT PERIOD**

The grant period will end June 30, 2020.

**GRANT AWARD**

The CSDE and CAS reserve the right to award this Grant in a manner deemed to be in the best interest of the district and its students.

## **GRANT APPLICATION SCHEDULE**

|  |  |
| --- | --- |
| Release of Grant Application: | 09/18/19 |
| Grant Application Due Date: | 10/07/19 |

**MINIMUM REQUREMENTS**

The CSDE and CAS will review all grant applications. The following information, in addition to the requirements, terms and conditions identified throughout this document, will be considered as part of the Selection process.

**Selection Criteria:**

1. Submission of Grant Application with responses to all questions
2. Other Information and signatures as requested

Questions may be submitted in writing to:   
GMarie Salazar Glowski, Director of Executive Coaching, Connecticut Association of Schools – [mglowski@cascic.org](mailto:mglowski@cascic.org).

**GRANT APPLICATION SUBMISSION**

All responses to this solicitation must be submitted as follows:

Application must include two (2) complete copies and must be received   
by Oct. 7, 2019 at 4:00 PM at:

Connecticut Association of Schools

c/o Marie Salazar Glowski, Director of Executive Coaching

30 Realty Drive

Cheshire, CT 06410

# **GRANT APPLICANT INSTRUCTIONS**

The special education administrator who will receive a coach, must address the following:

1. Organizational information – Name and Title of the special education administrator who is applying and the number of years in the position, number of other special education administrators in the department, composition of pupil personnel staff and number of schools.

|  |  |
| --- | --- |
| Name of Special Education Administrator who is applying |  |
| Title |  |
| District |  |
| Address |  |
| School/District Telephone Number at which the applicant may be reached |  |
| Cell Phone Number (0ptional) |  |
| Applicant Email Address |  |
| Years in Position |  |
| Number of other special education administrators in the department |  |
| Composition of pupil/personnel staff |  |
| Number of schools in district |  |

1. Describe why the special education administrator and all stakeholders would benefit from having a coach.
2. Describe how this project will have a positive impact on students and has the potential to transform the culture of the departed and/or the district.
3. Expected goals-List at least 2 goals that you hope will be achieved throughout the year as a result of the special education administrator working with a coach.

5 How will the applicant work with the district during the implementation of the grant project to sustain positive results beyond the close of the grant period?

# **APPENDIX**

**Statement of Assurances**

PROJECT: The Connecticut Association of Schools Special Education Executive Coaching Grant:

THE APPLICANT, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY ASSURES THAT:

1. The applicant has the necessary legal authority to submit a grant application.

2. The filing of this grant application has been duly authorized to file this application for and on behalf of said applicant.

3. The activities and services for which assistance will be provided under this grant will be under the control of the applicant.

4. The project will be operated in compliance with all applicable state and federal laws and in compliance with the regulations and other policies and administrative directives of the CAS and the CSDE.

5. The administrator and coach will provide an end-of-year report (within 30 days of the project completion), as specified by CAS. Overall satisfaction with the services provided will be included.

6. CAS reserves the exclusive right to use and grant the right to use and/or publish any part or parts of any summary, reports and materials resulting from this project.

7. The applicant will protect and save harmless the CAS from financial loss and expense, including fees and legal fees and costs, if any, arising out of any breach of the duties, in whole or in part, described in the application and in the contract, if awarded;

**I, the undersigned authorized official, hereby certify that these assurances shall be fully implemented.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(By signing this electronically you confirm that this is your signature.)

Name (typed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (typed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_