**Arkansas Voluntary CEIS Application**

A school district may use fifteen percent of the amount the LEA receives under Part B, as defined in § 613(f) of the IDEA U.S.C. § 1413(f) and the regulations in 34 CFR § 300.226(b), to develop and implement Coordinated Early Intervening Services (CEIS). CEIS may be provided to students in kindergarten through grade twelve (with a particular emphasis on students in kindergarten through grade three) who are *at risk for special education services*.

|  |  |  |  |
| --- | --- | --- | --- |
| District Name / LEA # |  | Date Submitted |  |
| Contact Name |  |
| Contact Phone # |  | Contact email |  |

**Explain the decision process to designate the use of VI-B federal funds for the implementation of *voluntary* CEIS. Your answer must include the area(s) of need and data used to make the decision.**

Click or tap here to enter text.

**PART I: Voluntary CEIS Program Information**

1. Name of program(s)/intervention(s) selected for each area identified:

Click or tap here to enter text.

1. Is this program(s)/intervention(s) already in use in the district? [ ]  YES [ ]  NO
2. If #2 is answered “YES,” how is the district ensuring that CEIS funds do not supplant funds currently used to implement the program(s)/intervention(s)?

Click or tap here to enter text.

1. What grade levels are involved in the program(s)/intervention(s) for each identified area?

Click or tap here to enter text.

1. Describe how the program(s)/intervention(s) will address identified needs.

Click or tap here to enter text.

1. Based on the program(s)/intervention(s) selected, describe the evidence-based activities and services which will be provided.

Click or tap here to enter text.

1. Describe your intended outcome and desired results from this program(s)/intervention(s). Use the Smart, Measurable, Attainable, Realistic, and Timely (SMART) goal format for each identified area(s). Goals must include quantitative (numeric) data.

Click or tap here to enter text.

**PART II: Program Description**

1. Describe the frequency and duration of the program(s)/intervention(s).

Click or tap here to enter text.

1. Is this a small group or individual program(s)/intervention(s)?

Click or tap here to enter text.

1. Describe the process used to identify students to be provided CEIS. (Include quantitative data, tools used, data components reviewed.)

Click or tap here to enter text.

1. Approximately how many students will be served by this program(s)/intervention(s)?

Click or tap here to enter text.

1. What materials will be used?

Click or tap here to enter text.

1. How will student progress be tracked? (What data will be used and how often will it be reviewed?)

Click or tap here to enter text.

1. Based on student progress, what is the plan for adjusting the program(s)/intervention(s)?

Click or tap here to enter text.

1. Do classified or certified staff implement the program(s)/intervention(s)? If classified staff are used, please describe their role.

Click or tap here to enter text.

1. What data will be used to determine the child is ready to exit the program(s)? (Data should be quantifiable.)

Click or tap here to enter text.

**ANSWER ONLY IF YOU ARE USING A READING INTERVENTION:**

1. Does the district implement **Science of Reading** instructional strategies? [ ]  YES [ ]  NO
2. What percent of your certified staff have been RISE trained? Click or tap here to enter text.
3. How does the district’s plan align with **Science of Reading** principles?

Click or tap here to enter text.

**Part III: Evaluation of Program**

The purpose of CEIS is to provide behavioral and academic interventions that are needed by students to succeed in a general education environment. To ensure success of the CEIS program(s), the program(s)/intervention(s) must be evaluated annually.

1. How will fidelity of implementation be monitored?

Click or tap here to enter text.

1. What tools, data, and evidence will you use to measure the intended outcomes?

Click or tap here to enter text.

1. **If this is NOT the FIRST YEAR of CEIS implementation for identified areas**:
	1. What data did the district use to determine program(s) effectiveness last year?

Click or tap here to enter text.

* 1. Summarize the results from last year’s program review.

Click or tap here to enter text.

* 1. **Based on the annual program(s) review and SMART goals, what changes in the program are you making to meet students' needs? Examples are provided below**

**EXAMPLE 1:** *The CEIS budget in* ***Year 1*** *may include amounts for training while the program is in early implementation.*

**EXAMPLE 2:** *In* ***Year 2,*** *two classified**staff were used to implement the program. In* ***Year 3****, a full-time certified person was hired to implement the program.*

**EXAMPLE 3:** *In* ***Years 2*** *and* ***3****, the program was implemented at the elementary school at grades 3-5. In* ***Year 4****, the program is expected to include grades 1-2.*

**EXAMPLE 4*:*** *In* ***Years 2*** *and* ***3****, the program was**implemented at the elementary school and at grades 3-5. In* ***Year 4****, the program is expected to include grades 1-2.*

Click or tap here to enter text.

**Part IV: Finance Voluntary CEIS Budget**

Explain the Voluntary CEIS budget for Title VI-B. What will be purchased/funded? Include a **narrative** for each **function/object code** budgeted.

**SOF Function 6702 Function 1297**

|  |  |  |
| --- | --- | --- |
| **Object** | **Amount** | **Budget Narrative** |
| 61110 |  |  |
| 61120 |  |  |
| 62000 |  |  |
| 63000 |  |  |
| 64000 |  |  |
| 65000 |  |  |
| 66000 |  |  |
| 67000 |  |  |
| Total | $ 0.00 |  |

To have word sum the total for you, click in the cell (it will turn grey) and press F9 or right click and select *update field.*

**District Voluntary CEIS Assurance Statement**

The District assures to continue to:

* Provide a Free Appropriate Public Education (FAPE) to all students with disabilities consistent with IDEA;
* Special Education and Related Services in the IEP will be provided;
* Meet the maintenance of effort requirements referenced in 34 CFR §§300.205(d) and 300.226(a) for any fiscal year;
* Track students in the early intervening services module in eSchool;
* Submit student data during Cycle 7 according to the instructions in the Statewide Information System (SIS) manual; and
* Review CEIS student information in MySped Resource during the review period of September 1-30.

**Superintendent Verification of Accuracy:**

*The superintendent is required to certify the information prior to submission.*

I verify that the information submitted in this CEIS application and the attached AR CEIS Tool is accurate and is based on the findings from the root cause analysis. The root cause analysis included, but was not limited to, student record reviews, the Success Gap Rubric, and the Self-Assessment of district policies, procedures, and practices.

|  |  |  |
| --- | --- | --- |
| Title | Signature | Date |
| Special Education Director |  |  |
| Business Manager |  |  |
| Superintendent |  |  |

**Division of Elementary and Secondary Education**

**Special Education Unit**

**District Voluntary CEIS Approval Criteria Form**

|  |  |  |  |
| --- | --- | --- | --- |
| District Name / LEA # |  | Date Submitted |  |
| Contact Name |  |
| Contact Phone # |  | Contact email |  |

**For State Use Only**

**Special Education Finance Section**

1. Is the budgeted amount no more than 15% of the federal allocation (619 and VI-B funds)? [ ]  Yes [ ]  No

Comments:

1. Does the selected program(s)/intervention(s) supplant any required programs? [ ]  Yes [ ]  No

Comments:

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Education Programs Section**

1. Does the plan clearly state how the program(s) will address the identified need? [ ]  Yes [ ]  No

Comments:

1. Is the selected program(s)/intervention(s) an evidence-based practice(s)? [ ]  Yes [ ]  No

Comments:

1. Does the program(s) evaluation include quantifiable data? [ ]  Yes [ ]  No

Comments:

1. Does the program(s) evaluation describe how the program(s)/intervention(s) will be adjusted based on the program review? [ ]  Yes [ ]  No

Comments:

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the district’s CEIS plan approvable for the Fiscal Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? [ ]  Yes [ ]  No

Notification sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_