

Application to Request ARRA Funds

Please Attach All Supporting Documentation to this Application

Requested By: therapist/teacher name and title SSS Department/School: PT/OT Dept.

Phone: _____

Date Request Submitted: 12/4/2009

Request Approved: Yes No Initials of Reviewer: _____

Brief Description and Rational of Request: Last year Westview and Thornton Elem studied the effects of using a program to improve processing that involoves listening to music recorded in different frequencies along with gross motor activities to increase student learning. We found that students who were not progressing at the expected rate with usual methods increased their learning. This method has been found to be effective with both autistic and learning disabled students, and we need the units to be able to provide this intervention for students we feel will benefit. Four schools will have access to the units. Once the units are procured, a new group of students can benefit each year. The first year approximately 8 autistic and 16 learning disabled students will participate in the sessions.

Evaluation Plan: District assessments in reading, math and writing plus DRA's or running records will be used as pre- and post- measures of progress.

Equipment/Materials Request

Training Request

FTE Request

Name: Total Focus

Conf/Workshop: _____

Title of Position: _____

Product Code: _____

Dates: _____

Job Resp.: _____

Other ID Info: _____

Fee Amounts: _____

FTE: _____

Quantity: 15 Sub coverage: Yes No

Consultation: _____

Price per item: \$1395

Stipend: _____

Coaching: _____

Vendor: Integrated Listening Systems, 925 S. Niagara, suite 660, Denver, Colo. 80224

Additional cost considerations: _____

Narrative Codes: (Check one)

1.1a: Co-Teaching

1.2a: Autism

1.3a: Mental Health/Behavior

1.4a: ELL/SpEd

1.5a: On-Line Coursework

1.5a: Homebound

1.3b: Staff Development/Training/Materials

1.5c: DHH

4b, 5a, 5b, 5c: Transition Services

4a, 4b, 4c: Para Training

3b: Curriculum/Assessment Resource Library

2a, 5b, 4a: Bi-Lingual Assessments

6a, 6b, 6c, 6c, 3b: Parent Support

1.1b: Progress Monitoring

4c, 12c: SSN

1.7c: Vision

Comments from Review Committee:

Signature: _____

Date: _____