CONTACT INFO:

|  |  |
| --- | --- |
| Name of person submitting Application |  |
| Email address of person submitting application |  |
| Applying as a District or as a School? |  |

DISTRCT INFO: (required for all applicants)

|  |  |
| --- | --- |
| District name |  |
| District address |  |
| Contact name for this project |  |
| Contact position / title |  |
| Contact email |  |
| Contact phone |  |
| District Superintendent name |  |
| District Superintendent email |  |
| District Superintendent phone |  |
| How many schools represented in application? |  |
| How many teachers represented in application? |  |
| If we are unable to accept all schools / teachers submitted in the application for 23-24, are you interested in partial acceptance? |  |

SCHOOL #1 INFO:

|  |  |
| --- | --- |
| School name |  |
| School address |  |
| Grades served |  |
| Principal name |  |
| Principal email |  |
| Principal phone |  |
| Title 1? (yes or no) |  |
| 2023-2024 total student enrollment |  |
| Grade level enrollment | PK - K -Gr 1 -Gr 2 -Gr 3 –Gr 4 –Gr 5 – |
| Demographics of total student enrollment (percentage) | African American - American Indian -Asian / Pacific Islander -Caucasian -Hispanic -English Learner -Disabled -Economically Disadvantaged - |
| Note: All assessment data requested in the MOA will be pulled by SCCMS from the 2023 state report card. If you wish to add any supporting details regarding KRA or SC READY, please do so in the space provided. |  |
| If we are unable to accept all teachers submitted in the application for 23-24, are you interested in partial acceptance? |  |

SCHOOL #1, NARRATIVE:

Answer each of the following questions completely. Please limit responses to no more than one half page per question below.

|  |
| --- |
| How might participation in this program support the school’s vision for student achievement in mathematics for grades K-3, as well as grade levels that follow? |
| Add response here. |

|  |
| --- |
| Identify [at least] one area of potential growth for early childhood mathematics teachers at your school. What indicates the need for growth in the area(s) you have identified? What are some ways you anticipate that participation in this program will bring about desired growth? |
| Add response here. |

|  |
| --- |
| What initiative has your school recently implemented that proved to be successful? What serves as evidence of your success? How might participation in this program build on that success? |
| Add response here. |

|  |
| --- |
| What initiatives are or will be in place during the 2023-2024 school year that might impact participation in this program? |
| Add response here. |

SCHOOL #1, TEACHER #1 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

SCHOOL #1, TEACHER #2 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

SCHOOL #1, TEACHER #3 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

\* Please add additional teachers as needed for this school by copying and pasting the Teacher Info table as many times as needed

SCHOOL #2 INFO:

|  |  |
| --- | --- |
| School name |  |
| School address |  |
| Grades served |  |
| Principal name |  |
| Principal email |  |
| Principal phone |  |
| Title 1? (yes or no) |  |
| 2023-2024 total student enrollment |  |
| Grade level enrollment | PK - K -Gr 1 -Gr 2 -Gr 3 –Gr 4 –Gr 5 – |
| Demographics of total student enrollment (percentage) | African American - American Indian -Asian / Pacific Islander -Caucasian -Hispanic -English Learner -Disabled -Economically Disadvantaged - |
| Note: All assessment data requested in the MOA will be pulled by SCCMS from the 2023 state report card. If you wish to add any supporting details regarding KRA or SC READY, please do so in the space provided. |  |
| If we are unable to accept all teachers submitted in the application for 23-24, are you interested in partial acceptance? |  |

SCHOOL #2, NARRATIVE:

Answer each of the following questions completely. Please limit responses to no more than one half page per question below.

|  |
| --- |
| How might participation in this program support the school’s vision for student achievement in mathematics for grades K-3, as well as grade levels that follow? |
| Add response here. |

|  |
| --- |
| Identify [at least] one area of potential growth for early childhood mathematics teachers at your school. What indicates the need for growth in the area(s) you have identified? What are some ways you anticipate that participation in this program will bring about desired growth? |
| Add response here. |

|  |
| --- |
| What initiative has your school recently implemented that proved to be successful? What serves as evidence of your success? How might participation in this program build on that success? |
| Add response here. |

|  |
| --- |
| What initiatives are or will be in place during the 2023-2024 school year that might impact participation in this program? |
| Add response here. |

SCHOOL #2, TEACHER #1 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

SCHOOL #2, TEACHER #2 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

SCHOOL #2, TEACHER #3 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

\* Please add additional teachers as needed for this school by copying and pasting the Teacher Info table as many times as needed

SCHOOL #3 INFO:

|  |  |
| --- | --- |
| School name |  |
| School address |  |
| Grades served |  |
| Principal name |  |
| Principal email |  |
| Principal phone |  |
| Title 1? (yes or no) |  |
| 2023-2024 total student enrollment |  |
| Grade level enrollment | PK - K -Gr 1 -Gr 2 -Gr 3 –Gr 4 –Gr 5 – |
| Demographics of total student enrollment (percentage) | African American - American Indian -Asian / Pacific Islander -Caucasian -Hispanic -English Learner -Disabled -Economically Disadvantaged - |
| Note: All assessment data requested in the MOA will be pulled by SCCMS from the 2023 state report card. If you wish to add any supporting details regarding KRA or SC READY, please do so in the space provided. |  |
| If we are unable to accept all teachers submitted in the application for 23-24, are you interested in partial acceptance? |  |

SCHOOL #3, NARRATIVE:

Answer each of the following questions completely. Please limit responses to no more than one half page per question below.

|  |
| --- |
| How might participation in this program support the school’s vision for student achievement in mathematics for grades K-3, as well as grade levels that follow? |
| Add response here. |

|  |
| --- |
| Identify [at least] one area of potential growth for early childhood mathematics teachers at your school. What indicates the need for growth in the area(s) you have identified? What are some ways you anticipate that participation in this program will bring about desired growth? |
| Add response here. |

|  |
| --- |
| What initiative has your school recently implemented that proved to be successful? What serves as evidence of your success? How might participation in this program build on that success? |
| Add response here. |

|  |
| --- |
| What initiatives are or will be in place during the 2023-2024 school year that might impact participation in this program? |
| Add response here. |

SCHOOL #3, TEACHER #1 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

SCHOOL #3, TEACHER #2 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

SCHOOL #3, TEACHER #3 INFO:

|  |  |
| --- | --- |
| Teacher name |  |
| School assigned to for 23-24 |  |
| Teaching assignment for 23-24 (grade level) |  |
| Teacher email |  |
| Teacher phone |  |
| Continuing contract? (yes or no) |  |
| Years of teaching experience prior to 23-24 |  |
| Years of experience that include teaching early childhood mathematics |  |
| Teaching setting for 23-24 (in-person / hybrid / virtual?) |  |

\* Please add additional teachers as needed for this school by copying and pasting the Teacher Info table as many times as needed

\* Duplicate the School and Teacher Info Tables as needed to submit application information for additional schools and/or teachers. Likewise, remove tables not needed to shorten the document.

\*In addition to the above application, a Memorandum of Agreement signature page is required for each school included in the application.