Texas Education Agency Vetted Improvement Program

Application Form 2020

In order to be eligible for the Vetted Improvement Program list, all applicants must complete all sections of the Vetted Improvement Program Application Form and the additional required attachments for each training program the applicant intends to submit for review**.**

**Sections B-E require the attachment of additional application components. Attachment Cover Sheets and Attachment F can be accessed at** TexasESF.org**. Further guidance regarding this application can be found in the Vetted Improvement Programs Readiness Guide also accessible at** TexasESF.org**.**

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# Section A: General Organizational Information

Organization Name

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Organization Contact Information

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Organization Website (if available)

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Describe the mission or goals of the organization.

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Describe the organization.

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Organization Primary Point of Contact (Contact with which TEA staff could coordinate regarding matters related to the organization’s training program)

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Organization Primary Point of Contact Email Address

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# Section B: Training Program Information

Training Program Name

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Overall Program Description

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**Select only the specific Essential Action(s) within the Effective Schools Framework in which your training program builds educator capacity.**

*For the purpose of the Vetted Improvement Program application, only the actions within the Effective Schools Framework that correlate with the state-developed needs assessment, the ESF Diagnostic, are included for alignment. Please only indicate the Essential Actions where your program strongly aligns. For additional specificity around each Essential Action listed below, please review the full Effective Schools Framework at TexasESF.org.*

**Effective Schools Framework Essential Actions**

* Essential Action 1.1: Develop campus instructional leaders (principal, assistant principal, counselors, teacher leaders) with clear roles and responsibilities
* Essential Action 2.1: Recruit, select, assign, induct, and retain a full staff of highly qualified educators
* Essential Action 3.1: Compelling and aligned vision, mission, goals, values focused on a safe environment and high expectations
* Essential Action 4.1: Daily use of high-quality instructional materials aligned to instructional planning calendars and interim and formative assessments
* Essential Action 5.1: Effective classroom routines and instructional strategies
* Essential Action 5.3: Data-driven instruction

Please describe how your program aligns with each of the ESF Essentials Actions in which your program builds educator capacity:

| 1.1 |
| --- |
| 2.1 |
| 3.1 |
| 4.1 |
| 5.1 |
| 5.3 |

**Select and describe the educators your program directly trains.**

*Check all that apply and provide a description of how each educator is trained and coached. Indicate whether it is mandatory to train the specific leadership position as well. If the training program directly trains teachers, include the type and average span of teachers trained on a given campus in the description. Describe how each will participate in on-going face-to-face professional development, implementation support, and coaching.*

* Superintendent

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* Principal Manager/Other District Leaders

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* Campus Principal

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* Assistant Principal/Other Campus Leaders

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* Teacher

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* Other

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**Identify and describe up to three tools you use to ensure fidelity of implementation of your training program.**

*Fidelity of implementation tools may include rubrics, protocols (coaching, meeting, feedback, etc.), cheat sheets, or implementation trackers.* ***Tools identified should be attached to the application as Attachment D****.*

* Tool 1 (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tool 1 Description

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* Tool 2 (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tool 2 Description (if applicable)

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* Tool 3 (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tool 3 Description (if applicable)

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# Section C: Program Scope and Sequence of Support

**Attach the scope and sequence of the training program as Attachment E.**

*The scope and sequence of the training program should include the components below. Check each component to indicate inclusion in Attachment E.*

* The content covered in small or large group professional development sessions
* The focal areas for implementation support and coaching sessions
* The cadence of training (for example, Cycle 1 includes two days of whole group professional development followed up with two days of on-site implementation support beginning one week after the whole group professional development and two coaching sessions with the principal manager; Cycle 2 occurs six weeks after Cycle 1 and includes…)
* Clarity on who is being trained, coached, or provided the implementation support

# Section D: Program History of Training and Support

**Complete the Program History Form, Attachment F.**

*Provide information on how long the organization has offered the training program and to which LEAs and campuses the organization has delivered the training and support in the past.* *Complete Attachment F, including the required information below. Check each component to indicate inclusion in Attachment F.*

* Provide a list of LEAs and campuses who you have provided the training program, when that program commenced with the LEAs and campuses in question, and how long the training program lasted with the LEAs and campuses in question.
* Provide the contact information, including name, email address, and phone number, of at least two training program clients. The contact information should be for, if possible, the primary point of contact from the client with which you worked.

# Section E: Evidence of Program Results and Description of Evidence

**Provide the results that show the correlation between the training program submitted and improved outcomes on the campuses that received the benefits of the training, as Attachment G. Please include evidence from a significant percentage of campuses trained.**

*Select the type of evidence used to indicate results below.*

 **Tier 1 Evidence:** Year-over-year improvement in campus-level student performance based on standardized, objective outcomes (e. g. STAAR performance, student suspensions, AP exams passed, etc.)

* **Tier 2 Evidence:** Student formative assessment growth using state-approved assessments
* **Tier 3 Evidence:** Improvements based on fidelity of implementation rubrics or formative assessment data based on locally developed or vendor developed assessments

**Data Story: Provide a clear description of how and why the evidence submitted is a result of your program’s intervention.** *See the guidance in the Vetted Improvement Programs Readiness Guide in the Evidence of Impact Section.*

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# Section F: Aligned Artifacts

**Attach artifacts that prove alignment between ESF essential actions and the training program as Attachment I.**

*The artifact alignment of the training program could include one or more of the components below. Please provide a collection of artifacts that gives a comprehensive picture of your training program’s alignment to ESF Essential Actions. Check each component to indicate inclusion in Attachment I.*

* Session outlines or decks containing objectives, agendas, and activities
* Check-in agendas or topics that address coaching or implementation support
* Participant handouts
* Progress monitoring processes (*ex: formative or summative evaluation systems*)