# Inclusive Practice Partnership Project

The Virginia Department of Education (VDOE) Special Education and Student Services Best Practice for Inclusive Education Initiative would like to recognize outstanding schools and/or educators who have developed programs that have been designed to ensure students with disabilities, especially those with more significant academic and behavior needs, have access to inclusive education with their peers in the general education setting through a new partnership initiative called the “Inclusive Practice Partnership Project.” The Inclusive Practice Partnership Project is designed as a professional development model to support inclusive education that recognizes and promotes the sharing of resources and expertise of schools and teams who have demonstrated successful inclusive practices within the school and community.

The VDOE is seeking applicants, Pre-K through high school who would be willing to share their inclusive practices initiative(s) with others through videos, implementation guidance, distance mentoring, and on-site visits. The types of inclusive practices initiatives may be academic, extracurricular, and/or social in nature such as clubs, sports, community, and academic content based.

The Inclusive Practice Partnership Project participants will be selected based on the following criteria:

* Involving parents as partners in the initiative,
* Encouraging student’s self-determination,
* Promoting inclusive practices that allow students with disabilities to be included with peers and the school community,
* Providing leadership in sharing the values of inclusion in their school community, and
* Modifying curricula or providing support services that enables access to the regular curriculum.

Each selected team or individual will receive $2,500 grant for resources for their school to support their inclusive practices initiative and a $500 stipend for each team member, up to five team members. The selected teams will be invited to share their initiatives at a VDOE special education sponsored professional development event. In addition, to promote more inclusive practices throughout the Commonwealth, the team will be asked to develop a five to ten minute video highlighting the initiative or a “how to implement guide” for the initiative. The video and/or guide will become an online resource for others and would be developed within six months after receiving the grant award. Also, if appropriate the individual or team may be asked to participate in distance mentoring, professional learning community, or host on-site visitors. For additional questions or concerns, contact Dr. Teresa Lee, Coordinator for Special Education Instructional Services at Teresa.Lee@doe.virginia.gov or at (804) 371-8283 or Ms. Deborah Johnson, Specialist for Students with Intellectual Disabilities at Deborah.Johnson@doe.virginia.gov or at (804) 371-2725. Complete the Application on the following pages.

## Application

The application should be completed by the initiative team and building administrator. Please submit to Dr. Teresa Lee (by email) no later than December 1, 2017. The application may be emailed (with electronic signatures) or mailed via U.S. postal service.

Email: Teresa.Lee@doe.virginia.gov

Address: Virginia Department of Education

 Attention: Teresa Lee

 P.O. Box 2120

 Richmond, Virginia 23218-2120

### Section 1: Name of the School Initiative

### Section 2: School /Division Contact Information

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The Name of individual or team leader of the initiative submitting the application:

Phone:

Email:

Address:

School/Program:

Principal of School:

Email of Principal:

Special Education Director:

Director’s Email:

List of Team members and their contact information (maximum of five members):

### Section 3: Program Description

Please respond to the following: (No answer should exceed one page response)

1. Describe the inclusive practice initiative (goals, participants, and evidence of success).
2. Describe how the initiative involves parents, school, and community in the initiative.
3. Describe how the initiative encourages student’s self-determination.
4. Describe how the initiative promotes inclusive practices that allow students with disabilities to be included with peers and the school community.
5. Describe how the individual/team provides leadership to share the values of inclusion in their school community.
6. Describe how the individual/team modifies curricula or provides support services that enable access to the general curriculum.
7. Please describe any outside community partners and/or supports that make this initiative possible.

### Section 4: Individual or Team Commitment: Please provide the name, signature, date, and email address of all project participants. This signature acknowledges commitment to the project.

My signature acknowledges my desire to participate in the Inclusive Practice Partnership Project. I understand the general requirements and expectations as outlined in the project overview, including grant award, stipends, and required activities. I recognize that if selected, additional guidance from VDOE will be provided.

**Team Members Signatures**

**Team Leader**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 1**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 2**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 3**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 4**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 5**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 5: Application Approval Signature Form

My signature acknowledges my support and approval of the Inclusive Practice Partnership Project application submitted by the staff from my school and division. I understand the general requirements and expectations of the grant as outlined in the grant overview and will support my staff in meeting those expectations.

**School Principal**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Division Special Education Director**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Division Superintendent**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_