**Innovative Service Application**

**2018-2019**

The *Operating Standards for Identifying and Serving Students Who are Gifted* require that the department establish a process and criteria for submission and review of proposals related to the innovative design and delivery of services for students who are gifted.

*3301-51-15(H) Innovative gifted service proposals*

*The department shall establish a process and criteria for submission and review of proposals related to the innovative design and delivery of services for students who are gifted. Innovative gifted service proposals may be approved for not more than 5 years of implementation.*

| **Part 1: Is my district eligible to apply?****You must check *each* box to proceed to Part 2.** |
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| * **The service setting is *not* an already-existing service setting described in the gifted operating standards.** |
| * **The service provides an equal opportunity for all district students who are eligible to receive the service.** |
| * **The service is paid for by the district.** |
| * **The service meets one or more of the following Priority Areas:**   **Priority Area:** Services in any combination of Kindergarten, First Grade, or Second Grade.  **Priority Area:** Talent development strategies to increase identification rates of students from traditionally underrepresented populations in the district. Talent development is the use of enrichment strategies and instructional supports so that students can develop and demonstrate higher levels of academic achievement.  **Priority Area:** Services specifically designed to enhance a student’s career readiness in a particular field. This may include, but is not limited to, careers in the visual and performing arts.  **Priority Area:** Social and emotional services and supports. This may include, but is not limited to, services and supports for students who are twice exceptional, peer mentorships, and counseling from educators or other qualified professionals.  **Priority Area:** A district-determined Priority Area as set forth in the district’s strategic planning process or continuous improvement process. |

| **Part 2: Application Review Components** |
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**Applications will be reviewed based on the following components:**

* A description of the service, including the qualifications of the service provider(s) and the extent to which the service meets one of the Priority Areas above. The description should include any applicable information such as title or name of service, grade level(s), subject area(s), identification area(s), and anticipated class size and instructional time.
* Evidence or research suggesting that the service is effective or a promising practice.
* An explanation of the data the district used to determine the service meets the unique needs and characteristics of the district’s students.
* The criteria students must meet in order to qualify for the service.
* A description of how the service offers a unique, sustained and challenging experience that extends, replaces, or enhances learning opportunities appropriate for the district’s students.
* The desired outcome of the service and measurable goals to achieve that outcome.
* The implementation plan for the service, including action steps and timeline.
* The plan to evaluate the effectiveness of the service.

| **Part 3: District and Contact Information** |
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| **District Name:** |
| **District IRN:** |
| **Contact Name:** |
| **Contact Role:** |
| **Contact Phone Number:** |
| **Contact Email Address:** |

| **Part 4: Service Setting Description** |
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| * *A description of the service, including the qualifications of the service provider(s) and the extent to which the service meets one of the Priority Areas above. Please include any applicable information such as the title or name of service, grade level(s), subject area(s), identification area(s), and the anticipated class size and instructional time.* |
| * *The evidence or research suggesting that the service is effective or a promising practice.* |
| * *An explanation of the data the district used to determine the service meets the unique needs and characteristics of the district’s students.* |
| * *The criteria district students must meet in order to qualify for the service.* |
| * *A description of how the service offers a unique, sustained and challenging experience that extends, replaces, or enhances learning opportunities appropriate for the district’s students.* |
| * *The desired outcome of the service and measurable goals to achieve that outcome.* |
| * *The implementation plan for the service, including action steps and timeline.* |
| * *The plan to evaluate the effectiveness of the service.* |

| **Part 5: District Assurances** |
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* By checking this box, I assure each educator who is responsible for delivering the gifted education service(s) described in this waiver knows his or her responsibilities regarding Ohio Administrative Code 3301-51-15 and the *Operating Standards for Identifying and Serving Students Who are Gifted.*
* By checking this box, I assure the district recognizes that approved Innovative Services are valid only for the approved time frame.

Superintendent Signature:

Date:

| **Part 6: Application Review****(for Department use only)** |
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| * **Application Approved** |
| * **Length of approval, pending possible continuation** |
| * **Schedule for submitting evaluation of effectiveness for possible continuation** |
| * **Application Not Approved** |
| * **Reason Not Approved** |