

Part 1: School General & Background Information

***Please complete and fax to MLRC by August 25, 2009*



**a program of*

A Chance To Grow Inc.

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www.themlrc.org

Stimulating Maturity through Accelerated Readiness Training

The primary focus of the Minnesota Learning Resource Center (MLRC) is to train educators, professionals and parents in its innovative interventions, Stimulating Maturity through Accelerated Readiness Training (S.M.A.R.T.), NeuroTechnology (AVE/EEG) and Hemisphere Specific Auditory Stimulation (HSAS). Individual schools can replicate one or all of these interventions by becoming a S.M.A.R.T. School. This form is intended to help the MLRC track which schools are implementing the S.M.A.R.T. Program, regardless if they are receiving on-site staff development visits.

SECTION A

Date _____ District Name _____ County _____

School _____

Principal _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Fax (____) _____

Hours in session (students) ____ a.m. to ____ p.m. (teachers) ____ a.m. to ____ p.m.

REQUIRED Emergency Phone Number * (____) _____

* To be used by the MLRC Mentor in the event of uncertain weather.

SECTION B

Please indicate total number of classrooms per each grade level in the school (include those participating and not participating in the S.M.A.R.T. program).

Early Childhood _____ Full / Half / Alternate Day In session: M T W Th F

Kindergarten _____ Full / Half / Alternate Day In session: M T W Th F

1st _____ 2nd _____ 3rd _____ 4th _____ Other _____

Other pertinent information _____

Attach a copy of the district teachers' calendar including scheduled breaks and non-student days.

ESTABLISHING S.M.A.R.T. TEAM

It is recommended that each S.M.A.R.T. School have four to six Team Members trained at a S.M.A.R.T. Workshop. (The MLRC recommends: School Principal, Classroom Teacher(s), Physical Education Teacher(s), Adaptive Physical Education Teachers, Occupational Therapists and Paraprofessional(s).) **Please include ALL staff trained at a S.M.A.R.T. Workshop.** If necessary, attach an additional page to include ALL team members.

Team Members are responsible for 1) attending a S.M.A.R.T. Workshop, 2) implementing the S.M.A.R.T. program and 3) providing support to other S.M.A.R.T. staff. Any teacher or teaching assistant who is using S.M.A.R.T. activities with students MUST have gone through an entire S.M.A.R.T. workshop. **S.M.A.R.T. Team Leader is responsible for:** 1) all requirements indicated for Team Members and 2) sharing of S.M.A.R.T. correspondence and information between the MLRC and team members. **The TWO S.M.A.R.T. Team Leaders are expected to serve in this role for the entire school year.**

SECTION C

It is required that ALL information be completed for all S.M.A.R.T. Team Members.

S.M.A.R.T. Team Leader _____ Grade _____ Room # _____

Phone (____) _____ Fax (____) _____ Date Trained _____

E-Mail _____

Address (if different from Principal) _____

City _____ State _____ Zip _____

S.M.A.R.T. Team Leader _____ Grade _____ Room # _____

Phone (____) _____ Fax (____) _____ Date Trained _____

E-Mail _____

City _____ State _____ Zip _____

Team Member 3 Name _____ Grade _____ Room # _____

Phone (____) _____ Fax (____) _____ Date Trained _____

E-Mail _____

City _____ State _____ Zip _____

Team Member 4 Name _____ Grade _____ Room # _____

Phone (____) _____ Fax (____) _____ Date Trained _____

E-Mail _____

City _____ State _____ Zip _____

Team Member 5 Name _____ Grade _____ Room # _____

Phone (____) _____ Fax (____) _____ Date Trained _____

E-Mail _____

City _____ State _____ Zip _____

NOTE: Any person in charge of students doing the S.M.A.R.T. program **MUST** have attended the full S.M.A.R.T. Workshop.

SECTION D

Classrooms **participating** in the S.M.A.R.T. program by teacher/number of students and grade. Each teacher listed in this section must also complete sections G, H, I, and J in the School S.M.A.R.T. plan and must have attended the full S.M.A.R.T. Workshop.

Ex. Anderson / 21 (1st) _____ / _____ (_____)
_____ / _____ (_____) _____ / _____ (_____)
_____ / _____ (_____) _____ / _____ (_____)
_____ / _____ (_____) _____ / _____ (_____)
_____ / _____ (_____) _____ / _____ (_____)
_____ / _____ (_____) _____ / _____ (_____)
_____ / _____ (_____) _____ / _____ (_____)

If necessary, attach an additional page to include ALL participating teachers.

SECTION E

MLRC MENTORS (to be completed by the MLRC)

Mentor Name _____

Phone (____) _____ Fax (____) _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

MLRC Representative _____

Phone (____) _____ Fax (____) _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

SECTION F

Funding:

If additional staff is needed, please explain the funding plan. (Examples include district funds, Special Education funds, parent association donations, private grants, etc.)

Part 1: School Background Information Check List

Upon receipt of the completed Part 1 (School Background information) your site will be mailed a certificate from the MLRC, designating the school a "S.M.A.R.T. School".

- Section A: School address and General Information _____
- Section B: Number of classes PER GRADE in the school _____
- Section C: S.M.A.R.T. Team Member information _____
- Section D: Classrooms participating in S.M.A.R.T. with number of students _____
- Section E: COMPLETED BY MENTOR _____
- Section F: Funding information _____

The information requested in Part 1: School General Information is completed and checked by the Team Leader and the Principal.

S.M.A.R.T. Team Leader _____/_____/_____
Date

Principal _____/_____/_____
Date

MLRC Director, Nancy Farnham _____/_____/_____
Date