**Promoting Safe and Health Learning Environments: Elevating Student Voice and Well-Being**

**FY2025 – Fund Code 0128**

**Application Planning Template**

|  |
| --- |
| TEMPLATE FOR DRAFTING NARRATIVE RESPONSES(Please enter all responses directly into GEM$. Note there may be some minor differences between this document and what appears in GEM$.) |

REMINDER: The purpose of this grant is to support schools and districts to strengthen efforts to elevate student voice, Preschool through 12th grade, to promote safe and healthy learning environments. The district shall list the participating school(s) below that will be supported by this grant.

1. **Contact and School/District Information (to be completed by all applicants.)**

|  |  |
| --- | --- |
| **District/Charter School:**  |   |
| **Program Coordinator Name:**  |   |
| **Program Coordinator Title:**  |   |
| **Phone:**  |   | **Email** |   |
| **Fiscal Contact Name**  |   |
| **Fiscal Contact Title**  |   |
| **Phone**  |   | **Email**  |   |
| **Use the space below to list anyone who assisted or was consulted with for the writing of this grant proposal** *(add rows if needed).*  |
| **Name**  | **Title**  |
|   |   |
|   |   |
|   |   |
|   |   |
| **Total number of schools to participate this grant:**  |   |
| **School Name, Grades Served** |  |
|   |  |
|   |  |
|   |  |
|   |  |
|  |  |

1. **For which grant options are you applying:** The RFP outlines the student voice initiatives that these funds can be used to support. Which opportunities is the district applying for funds to implement?

|  |  |  |
| --- | --- | --- |
|  |  | Participating School(s) Name (place an asterisk beside any participating private schools) |
|  | 21st Century Community Learning Center (CCLC) High School Internship Initiative Please note must be a recipient of a 21CCLC OST Grant |  |
|  | Comprehensive Health and Physical Education Professional Development (CHPE) |  |
|  | Supporting Newcomer-Homeless Students |  |
|  | SEL Academic Integration through Serving-Learning (SEL/SL) |  |
|  | Teen Mental Health First Aid (tMHFA) |  |
|  | Youth Participatory Action Research (YPAR) |  |

1. **District Questions (to be completed by all applicants)**

**Applicants may be asked to submit additional information if needed for clarity, etc. A minimum of 3-5 sentences can generally be considered a substantive response.**

1. Describe current structures that support student voice in participating schools’ policy and program development.
2. What is the need/opportunity for strengthening student voice in the district and participating schools?
3. Please respond to the following questions for each of the initiatives checked above. Copy the chart for each additional initiative included in the proposal.

|  |
| --- |
| Initiative Name: |
| Question | Response |
| 1. How does work in this area align with district/school improvement plans?
 |  |
| 1. What is the capacity at the district/school to oversee this work?
 |  |
| 1. What structures/opportunities exist to sustain this work beyond the life of the grant?
 |  |

1. **Initiative Specific Questions**

**Option A: 21st Century Community Learning Center (CCLC) High School Internship Initiative**

**District Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **District/Entity:** |   | **Program Coordinator**:  |   |
| **Email Address:** |   | **Estimated Number of Interns** |   |
| Please check the FC (s) that you currently receive  |  | FC647 SALT Grant |  | FC646 Exemplary Grant |  | FC645 Continuation Grant |

|  |  |
| --- | --- |
| **Total Funds Requested** | **$** |
| **schools/sites that will host interns** **(add rows if needed)** | **grades served** |
|   |  |
|   |  |

**Please respond to all the following questions.**

1. Please provide the planning team members and their roles/affiliations (e.g., HS guidance counselor). Add rows as needed.

|  |  |
| --- | --- |
| **Name** | **Role/Affiliation** |
|   |   |
|   |   |
|   |   |
|   |  |

|  |  |
| --- | --- |
| **Question** | **Response** |
| Estimated Number of Interns |  |
| Please describe your strategies for recruiting HS student interns. Address the following in your response:* Selected population and grade levels of students that will be the focus of your recruitment. Please note interns should reflect the background and identities of the students served by the 21st CCLC grant funds.
 |  |
| Describe what you envision to be the role of the interns in the 21st CCLC Summer and school year (SY)program. (Interns may serve as teaching assistants, academic and social supports, mentors, etc.). Include the estimated hours per week and total internship hours. |  |
| Describe plans and timeline to recruit and hire an internship coordinator. Include qualifications you will be seeking for this role. If you already have someone in mind for this role, describe their qualifications and experience. |  |
| Describe plans to connect internship program to any of the following:* Work Based Learning Plans
* [MYCAP](https://www.doe.mass.edu/ccte/ccr/mycap/) (My Career and Academic Plan)
* Internship Credits for participating students
 |  |
| Describe the process, topics, and timeline for training student interns and continued supervision. **Note:** To ensure the health and safety of staff and students, interns will be required to be trained to follow all established health and safety protocols. |  |
| Describe any plans for training program staff on how to engage with and effectively utilize student interns. |  |
| Describe the process that will be used to provide student interns with the opportunity to discuss challenges and success, and to reflect on their internship experience for deeper engagement and learning. |  |
| What will success look like if this initiative addresses the needs in your district/school? How will you determine if the participating school(s) achieves these success indicators? |  |

**Option B: Comprehensive Health and Physical Education Professional Development (CHPE)**

|  |
| --- |
| Question |
| Which of the following describes the current status of Comprehensive Health and Physical Education in your district?Grid (For elem, ms, hs) – check all that apply* Health Education offered (as its own course/subject)
* Physical Education offered (as its own course/subject)
* Integrated Health/Physical Education (e.g., Wellness) offered
* Social and Emotional Learning – Stand-alone Curricula/Advisory
* Social and Emotional Learning – Integrated throughout the curriculum
 |
| Please describe to what extent your district has begun to unpack the new standards and to select, revise or adapt your existing curricula. |
| DESE’s Educational Vision is that “All students in Massachusetts, particularly students from historically underserved groups and communities, will have equitable opportunities to excel in all content areas across all grades.” Please describe efforts your district/school is engaged in to address equity, ensure implementation of culturally responsive curriculum and provide affirming, safe and supportive learning environments so that all students have access to high quality, comprehensive health and physical education, and SEL experiences. |
| What do you anticipate will be most challenging in your work to implement the new standards? What specific supports might be helpful in doing this work? |
| How will this work to revise and implement the new comprehensive health and physical education standards addresses the needs in your district/school? How will you determine if success has been achieved? |
| Describe how students and families will be a part of the work to adopt and implement the new standards. |
| Describe current collaborative structures (including common planning time, if applicable) that exist for educators to be able to engage in the work of adopting the new standards. |
| Please briefly describe how the district will support/provide release and planning time for staff to participate in professional development, coaching, and to integrate and develop plans to implement new, adapted or revised curricular materials. (Grant funds may be requested to cover these costs.) |
| List the team members (educators, school/district administrators, and ideally including a curriculum leader) who will contribute to creating an action plan for adopting the new framework, participating in professional development/technical assistance sessions. Include district-level staff that will support this work.GRID:* Name
* School/District
* Email
* Grade-Level(s) Taught
* Subject Area(s) Taught
* Participate in Action Planning
* Participate in PD
 |
| Describe how students and families will be a part of the work to adopt and implement the new standards. |
| Do you plan on applying to PREP? Through this grant, districts will receive professional development and technical assistance to build capacity and infrastructure to foster an environment for comprehensive sexual health education in middle and/or high school. Yes/No (If yes, answer the PREP program questions below) |
| **(Personal Responsibility Education Program – PREP)** |
| The Personal Responsibility Education Program (PREP) initiative is intended to build and strengthen district capacity to provide and implement comprehensive sexual health education. It is expected that districts will:* Complete the Massachusetts Sexuality Education Self-Assessment and action plan (can be integrated into the action planning for the adoption of the CHPE framework)
* Choose one of the selected evidence-based teen pregnancy prevention programs and plan for implementation of the curriculum no later than school year 2025-2026 in at least one middle (grades 6-8) and or high school (grades 9-12)
* Incorporate instruction of three selected adulthood preparation subjects
* Participate in program evaluation activities
* Work to develop plans for continued curriculum implementation beyond the grant cycle.
 |
| Why is your district interested in participating in the PREP initiative? |
| Applicants are required to identify at least 2-3 PREP planning Team members who are responsible for carrying out the key requirements of this grant. The PREP Planning Team ideally would be a subset of the members of your CHPE team. For each member of your PREP Planning Team please provide the following information:GRID:Name* District
* Title
* Email
* Who will be the designated project lead? (This person will act as the liaison between the district and the Department by being the main point of contact for the Department and any of the Department’s technical assistance contractor(s) supporting the project.)
* Who will have primary responsibility for ensuring that the selected curriculum goes through any local approval processes?
 |
| Does your district currently provide sexual health education at the middle school and/or high school level? Yes/No |
| (If yes) Describe current efforts in your district regarding comprehensive sexual health education including:* Is there a written district level policy that governs sexual health education instruction?
* Is a published curriculum being used? List which curricula or describe the current program if no published curricula are being used
* Who is responsible for teaching lessons (e.g. certified health teacher, certified physical education teacher, school nurse, community agency facilitator, etc.)
* Has the current sexual health education curriculum been mapped to determine how the instructional elements comply with district policies and or state/national standards/guidelines?
* What factors have impacted the implementation of sexual health education in your district? Please include factors that support implementation as well as those that have made implementation challenging
 |
| (If No) * What barriers/challenges exist or have existed to implementing a sexual health education program?
* What factors exist that support the implementation of sexual health education in the district?
 |
| Are you already working with or anticipate working with a community-based organization (CBO) to support the sexual health education program in your district? If so,* What is the current or anticipated role of the CBO?
* What will be the anticipated role of the CBO in implementation of this grant?

How would you coordinate current and new efforts to ensure programming is collaborative and complementary and not duplicative? |
| Evaluation of the program will occur to measure program effectiveness and to make continuous improvements to the grant program and related technical assistance and professional development. Evaluation activities consist of the following components:* Administering pre/post assessments
* Maintaining fidelity and attendance logs

Teacher observations during delivery of curriculum lessonsPlease review the description of each of the components of the evaluation below and detail:* Necessary approvals needed to implement, if any (including turnaround time for approval)
* Known barriers/challenges to implementing

1. **Pre-/Post-Test/Survey**: These are developed by the federal funder and are used to assess overall reported gains in knowledge, changes in behavioral intentions and/or changes in self-reported behaviors of participants. Teachers will administer tests to students prior to delivery of the first lesson of the curriculum and after the delivery of the last lesson of the curriculum. These will be administered electronically. All information will be de-identified. A coding system is used on pre/post tests and no student information is collected. 2. **Fidelity & Attendance Logs (Process Logs)**: These will monitor fidelity to the curriculum or adaptation of the curriculum for the target population, the number of youth served and amount of the curriculum received; and will provide information for areas where further TA to teachers may be needed. These will be developed by the Department of Public Health and reflective of the curriculum and curriculum sequence being implemented. Teachers will complete these electronically and be required to submit after curriculum completion for each class cohort. 3. **Observations:** This will be used in conjunction with fidelity logs to monitor adherence to curriculum as written and provide support/TA. The DESE PREP Coordinator and/or DESE PREP TA contractor may schedule observations of curriculum implementation at each school. |
|  |

**Option C: Supporting the Mental Health and Wellbeing of Newcomer, Homeless Students**

|  |  |
| --- | --- |
| Question | Response |
| Identify the immediate and emerging needs of the newcomer, homeless students in your district, including those have or had been placed in expansion shelter sites opened since October , 2022 (if applicable), particularly those related to behavioral health, mental health, social and emotional learning and wellbeing. |  |
| Please describe the district’s current efforts to build/sustain a social-emotional, behavioral, and mental health Multi-tiered Systems of Supports framework (SEL/BH/MH MTSS) for students. Describe how this work to welcome, support and engage newcomer, homeless students and their families fits into or will fit into that system. |  |
| Please identify staff (if known) that will: coordinate and support implementation of these activities (Include: name; title; school/district)Please select the topic(s) and approximate number of staff the district anticipates engaging in PD and/or DESE-selected vendor PLCs on:• Trauma-Informed Practices• Supporting the Wellbeing of Immigrant and Refugee Populations• Family Engagement StrategiesPlease request other PD/PLC topics you would like DESE to consider offering. |  |
| What will success look like if this initiative addresses the needs in your district/school? How will you determine if the participating school(s) achieves these success indicators? |  |

**Option D: SEL Academic Integration through Service-Learning (SEL/SL)**

|  |
| --- |
| **Question** |
| Why is your district interested in participating in the chosen SL/SEL opportunities?  |
| Please briefly describe what challenges your district is currently facing that you hope to address through these opportunities. |
| What experience does your district (and/or schools included in this application) have:* Implementing service-learning?
* Implementing social and emotional learning opportunities?
* Integrating SEL/SL into academic courses?
* Working with community partners on SEL/EL?
 |
| Please briefly describe how the district will support/provide release and planning time for staff to participate in professional development, coaching, and to integrate and develop plans to implement the lessons/units. (Grant funds may be requested to cover these costs.) |
| List the team members (a minimum of 4). The team, including educators, school/district administrators, and ideally including a curriculum leader, will participate in professional development/technical assistance sessions through June 2026. This team will create an action plan for identifying/creating at least two (2) academic courses to embed SEL/SL units, and the scheduling, planning supports needed to implement these units. Include district-level on the team who that will support this work.Name / School / Grade-Level(s) Taught / Subject Area(s) Taught (if applicable) / Email Address |
| Will the district/school participate in administering the **Social and Emotional Learning Indicator System (SELIS)** survey for teachers to assess and for students to self-assess and reflect on their SEL strengths and areas for growth throughout?If yes, please describe the team that will support the SELIS project within the district. An**ideal team** could include: a District SEL/Student Services Director; a data analyst/coordinator; a computer/technology specialist; and a counselor(s)/educator(s)***Note:*** *Teams will engage with DESE in PD and technical assistance to develop plans for SELIS administration, analysis, interpretation and integration.* If no, please describe hoe the team will assess students’ SEL strengths and areas for growth. |
| What will success look like if this initiative addresses the needs in your district/school? How will you determine if the participating school(s) achieves these success indicators? |

**Option E: Teen Mental Health First Aid (tMHFA)**

|  |
| --- |
| **Question** |
| Please describe the district’s current efforts to build/sustain a social-emotional, behavioral, and mental health Multi-tiered Systems of Supports framework (SEL/BH/MH MTSS) for students. Describe how this work to implement teen Mental Health First Aid (tMHFA) fits into or will fit into that system. |
| Share your plan for training staff in Youth Mental Health First Aide (YMHFA) and implementation of tMHFA. ***Reminder:*** *In order to implement tMHFA, approximately 10% of school staff must be trained in YMHFA.**-* School Name- Approximate % of staff trained in YMHFA- # of Staff to be Trained in YMHFA through this grant- # of Anticipated YMHFA Staff Sessions to be offered to reach approx. 10% trained (20-30 staff/per session)- # of YMHFA Sessions for Families to be offered through this grant (20-30 participants/per session)- # of Staff to be Trained as a tMHFA Instructor- Which grade level(s) will tMHFA be implemented (grades 10, 11, and/or 12)- Please briefly describe why the grade level(s) were chosen. Additionally, indicate if the district anticipates offering a tMHFA session for students with a DESE-selected vendor as part of this grant program. |
| Please list members of the team, includes your specialized instructional support personnel who will coordinate and support implementation of these activities. **Reminder:** At least 2 staff must be trained as tMHFA Instructors. Staff NameTitleSchool Name Will participate in the tMHFA Instructor training Interested in becoming a YMHFA Instructor  |
| Please briefly describe how you will engage youth and families as you implement tMHFA, including:-introducing what tMHFA is and how it will support students.-opportunities for asking questions and providing feedback-plans for offering YMHFA to families prior to implementation of tMHFA-plans for establishing a process for families to opt out of the program, if desired. |
| What will success look like if this initiative addresses the needs in your district/school? How will you determine if the participating school(s) achieves these success indicators? |
| Complete FC0128 Grant Assurances  |

**Option F: Youth Participatory Action Research**

|  |  |
| --- | --- |
| **Question** | **Response** |
| 1. Approximately how many youth/students will be participating in this project? Describe how they will be chosen to participate.
 |  |
| 1. Approximately how many staff will be participating in this project? Describe how they will be chosen to participate.
 |  |
| 1. Do these youth/students and staff already have a partnership/ relationship with each other (please describe how you know if yes) or will time be needed to establish a partnership/ relationship (please describe how)?
 |  |
| 1. How will the school and district assess and monitor youth/student and adult partnerships in order to ensure that you are heading towards a full and equal voice for youth and adults?
 |  |
| 1. How will the school and district support the implementation of the solutions students develop through their YPAR projects?
 |  |
| 1. What will success look like if this initiative addresses the needs in your district/school? How will you determine if the participating school(s) achieves these success indicators?
 |  |