



Request for Funding

Date: September 11, 2018

To: Educational Foundation Board of Directors
Attn: Carman Cullen

From: Seminole Springs Elementary School

Re: Terri Stevens

Program Name: Supplemental Education for English Language Learners (SEELL)

Amount Requested \$750

Program Budget \$0

Other Funding Sources: At this time, all funding has been provided from voluntary faculty participants. All supplies have been donated while those directing the program continue to search for sources of funding, such as those provided by the Educational Foundation of Lake County. Any resources received this year will be used to purchase chrome books.

Program Background: Seminole Springs Elementary is pleased to submit this proposal for services to support English Language Learners in achieving their goals for improving vocabulary and fluency by providing supplemental education provided by voluntary faculty. We have partnered with seven faculty members to provide small-group instruction for up to twenty ELL students in grades 1 through 3.

Program Rationale: English Language Learners deserve intensive education to supplement their educational objectives. However, faced with changes in curriculum delivery, economic impacts to transportation and logistics, and limitations that prevent taking full advantage of improvements in technology, English Language Learners face the possibility of increasingly complex barriers to their learning. We have developed solutions to help ELL students stay ahead of educational objectives and propose that English Language Learners be provided with a solution focused on gains in vocabulary, reading and math to support the improvement plan of both SSES and Lake County Schools. Our solution easily integrates with SSES, by utilizing facilities without increasing transportation burden by requiring parental drop-off and pick-up. For English Language Learners to fully realize their potential, it is critical that SSES stands at the forefront of developing innovative solutions to the challenges faced by these students.

Most importantly, we provide the training and support for this new solution free of cost, provided by trained, experience voluntary faculty.

Program Impact: (number of teachers/students/time line): Our execution strategy incorporates proven methodologies, extremely qualified personnel, and a highly responsive approach to managing education. Following is a description of our project methods, including how the project will be developed, a proposed timeline of events, and reasons for why we suggest developing the project as described. The program will take place on Thursdays from 3:30 PM to 5 PM weekly. SEELL will begin in mid-September and conclude in Spring Break. Pre- and Post-assessments will be administered on the first and last weeks of the program.

Program Evaluation Method: The project will be supported and designed by voluntary faculty. Students will be assessed at the beginning of the program using the Peabody Picture Vocabulary Test, Form A and Expressive Vocabulary Test, Form A, administered by SSES Speech Language Therapist. The same outcomes will be evaluated at the conclusion of the program using Form B of the same assessments. Analysis of this aggregated data will be performed by an independent voluntary statistician and prepared for dissemination to Lake County Schools and further publication.

****Please review the included formal project proposal for further details regarding the SEELL Program**

Program Approved By: Leah Fischer
Principal

Funds Payable to: Terri Stevens
Address: 251 Banning Beach Rd.
Tavares, FL
Phone: 352-552-4414 Email: terri.stevens@icloud.com

Requesting party has read and agrees with the funding policies of the Educational Foundation.

Signed Terri Stevens Date 9-11-18

To be completed by foundation staff/board

Program meets Foundation Mission/ Funding Policy _____ **Y** _____ **N**

Director Recommendation: _____

Executive Board Recommendation: _____

Required for funding over \$5,000

_____ **Encumbered Funds** _____ **Budgeted Funds** _____ **Non-budgeted funds**

Account Name/Account # _____

Account balance: _____

Amount recommended: _____
Director/Exec Board

Amount Approved by _____
Board

_____ **Approved** _____ **Denied** _____
President Signature *Date*

Date paid _____ **Check #** _____