

FY2012 GRANT FOR HIGH COST FUND
Georgia Department of Education
Division for Special Education Services and Supports
Return the Grant Application and Supporting Documentation to:
Michael Blake
Georgia Department of Education
Division for Special Education Services
1870 Twin Towers East
205 Jesse Hill Drive.SE
Atlanta, GA 30334

SYSTEM: Valley School System	Date: March 15, 2012
System Contact: Sally Smart	Phone #: XXX XXX-XXX Email address: sm@valley.k12.ga.us
<input checked="" type="checkbox"/> Initial Grant <input type="checkbox"/> Continuation Grant	Ward of the State Y() N(X)
Student's Name: Harry Doe	Date of Birth: 8/1/2000
Student's Primary Disability: Traumatic Brain Injury (TBI) spell out disability area	Secondary Disability: Speech and Language (SL)
Father's/Guardian's/Surrogate's Full Name: John Doe	Mother's/Guardian's/Surrogate's Full Name: Mary Doe
Home Address: 123 Main Street Anywhere, GA (Street) (City) 30000 706-333-5555 (Zip) (Phone)	Home Address: Same (Street) (City) Same (Zip) (Phone)
PROVIDE THE SPECIFIC and/or PROPRATED COST BREAKDOWN TO MEET THE UNIQUE NEEDS OF THIS HIGH COST CHILD. Complete the Cost Worksheet Summary included in the grant application to calculate the amounts for the line item cost totals listed below. (Total cost of over \$26,727 should be used as the minimum to be considered in the application.	
1 Special Education Services	\$ 98,020
2 Related Services	\$ 14,543
3 Other costs	\$ 6,600
4 TOTAL COST of Child	\$ 119,163
5 Minus 3X annual cost	- \$ 26,727
6 Minus third- party funds (ex. Health insurance, Medicaid) – if none indicate NA	- \$ 2,500
TOTAL Allowable GHCF (Line 4 minus line 5 and 6)	\$ 89,936

Invoices for any contractual services should be included with the grant application.

COST WORKSHEET SUMMARY Use this worksheet to itemize the totals recorded on page 1 of the GHCF application. *All services calculated for cost must be included in the student's IEP.*

Category of Expenditure	Description of Service Provided	Amount
1) Special Ed Services	One to One Special Education Teacher – 5 hours daily w/period of planning (190 days - Full time salary & benefits)	\$56,000
(Ex- Teacher Costs, Materials/Supplies specific to the child)	One to One behavior aide- 6.5 hours daily(Full time salary& benefits for 180 days)	\$22,500
	Assistive technology communication device (list product names - Dynovox)	\$8,000
	Contracted Speech Therapist – 1 hour daily X 180days +2hours for May and June(12 hours)= 192 X \$60/hour	\$11,520
Total	Transfer this amount to Line 1 – Special Ed Services – Page 1	\$98,020
2) Related Services	Transportation on special education bus - 40 miles daily (Bus Operation, Driver & monitor salary/benefits (\$20 + \$15/hour X 3 hours/day X 180days =18,900/6 students on bus. Operation =1.29/mile X 40X 180=6,649/6 students on bus.	\$ 3,150 \$ 1,548
(Ex- Transportation, OT, PT	Contracted OT – 1 hour weekly (\$45/hour X 35 weeks) + 6 weeks for May and June	\$1,575 \$ 270
Nursing Services)	Nursing services – temperature monitored twice daily/seizure medication routine and on call for administering emergency procedures for seizures lasting more than 3 minutes (School nurse regular duties for former but due to frequency of seizures -10% of salary of \$80,000=1/2 day per week).	\$8000
Total	Transfer this amount to Line 2- Related Services – Page 1	\$14,543
3) Other Costs	Behavior specialist conducting FBA (30 hours)– updates 1 day(8 hours) monthly – coordinates home/school management (Hourly teacher rate is \$50/hour for 7.5 hour day=10 months X 8 hours monthly= 80+30+12hours for May and June = 122 X \$50).	\$6,100
(Ex-Consultations, Training	Staff and parent training – for implementation of management (10 hours). Above specialist conducts training for parents, teacher, aide, and bus staff within monthly time. Purchase of training materials specific for this child.	\$500
Costs, Independent Evals)		
Total	Transfer this amount to Line 3 – Other Costs – Page 1	\$6,600
6) Third party funds	System bills Medicaid for OT, Speech and Nursing services	\$2,500
(Ex- Health Ins., Medicaid)		
Total	Transfer this amount to Line 6- Third Party Costs - Page 1	\$2,500

INITIAL APPLICATION Complete the following information to describe the prior programs, interventions and duration of interventions in which the student has participated.		
DESCRIBE PRIOR SPECIAL ED SERVICES	INTERVENTION (S)	DURATION OF INTERVENTION
Following the head injury the student was served in a hospital homebound model.	Eligibility determination and IEP developed – providing individualized services for 2 hours a day	3 months- Oct 2011-Jan 2012
Served half day in a special education class with a one to one para/ speech and OT provided. Seizure activity increased and health plan involving nurse was developed.	Small class with individualized instruction and supports provided by one on one para. Bus aide assigned to student during transportation times. Behavior specialist completed FBA and a BIP was developed.	3 months January- May 2012
One to One Extended School Year Services	Extended School year services provided one to one in the home – behavioral deterioration and increase in seizures	July 2011 and June 2012

Describe the unique features of the child determined to be “high need.”
 (Include developmental, cognitive, social emotional and medical factors)

The student was served in general education until the Summer of 2011. At that time he sustained a head injury resulting in significant trauma to the brain. As the district worked with the family and established eligibility for the student under the areas of Traumatic Brain Injury and Speech and Language, services were first provided in a hospital homebound service and then a small self contained special education classroom. Once the student was transitioned to a self contained class significant behavioral issues occurred. Even with one on one supports, completion of an FBA and a BIP the behavior s were not successfully managed in the small group setting. Safety of this student, staff and peers became an issue in the classroom and on the school bus. One to one instruction in a separate class provided the environment for a successful implementation of the BIP. The student also experienced an increase in seizure activity requiring nursing services during this time. Due to the severity of the head injury, frequent seizure activity, limited communication, significant aggressive and destructive behavior the student requires a high level of individualized programming aimed at eventual reintegration into a less restrictive setting. The student additionally requires transportation on a separate bus with 5 additional students and an aide in order to be safely transported to and from school.

Describe the individualized education program developed for the child.

(Description should include all evaluations/consultations/services provided through the IEP and funded by the GHCF)

Currently, the student is served one to one by a special education teacher in a separate classroom at the elementary school. The classroom is also staffed with a behavior aide. The student has a highly specialized instructional program utilizing a communication system supported through the use of assistive technology. The speech and language pathologist works with the student one hour per day and provides training and consultation to the teacher, behavior aide and the parent to support effective use of the technology. The system has contracted with a specialist in managing the behavior of a student with traumatic brain injury. This individual completed a functional behavior assessment, which included consultation with the medical professionals, educational staff and the parents. Through systematic trial and error a behavioral protocol was established to teach more adaptive coping skills and to manage behaviors that are aggressive and destructive. The IEP provides for ongoing monthly observation and consultation from the behavior specialist to provide the training and support to direct service staff. This information is required to retool the behavior management plan. The student has regular nursing care as well as provision through a health plan for additional services when a seizure of a severe nature occurs. The student also receives Occupational Therapy services 1 hour per week. In order to maintain emerging skills and behavioral gains the student will receive extended school year services.

Provide a copy of the student's current Individual Education Program (IEP) outlining the services for the high cost child.

Beginning Date: August 5, 2011

See attached IEP and all related documentation

Ending Date: August 4, 2012

Describe the timelines established to monitor progress of the child.

(Include dates and describe the data used to monitor progress)

The progress of the child is monitored every two months following the observation and consultation of the behavior specialist. The IEP Team of individuals providing services to the child and the parents meet to discuss any changes required in the individualized instructional program, the communication system and the behavior protocol. Reviews are scheduled for the first week of the following months- October, December, February, April, June during the 2011-2012 school year.

Will the plan result in a reduction of services in the future?

If yes, describe the anticipated outcomes for the child as a result of this intensive intervention.
If no, describe the chronic nature of the child's disability.

Yes, this plan is designed to support the development of the student's communication, academic and behavioral skill sets required for re-integration into a less restrictive environment. At the April IEP Review the Team will review the rate of progress on the individualized goals and make a recommendation for modifications to the program for the upcoming year. Information from medical providers will be considered to assess the stabilization of the seizure activity. It is expected that the high level of service can be modified in the 2011-2012 school year.

Describe any specialized training to implement the plan for the high cost child?

(Include training for staff, as well as, parents or caregivers)

The behavior specialist will play a major role in the data collection and expertise required to development a behavior management protocol to be followed in the school setting, on the bus and at home. Once the IEP Team establishes the protocol /development of the BIP. Teaching staff. SLP. OT, nurse, bus driver, bus aide and parents will receive training. The SLP will work with all school system providers, behavior specialist and parents regarding the communication system and use of assistive technology devise. Additional training as needed resulting from changes in the instructional, communication or behavioral strategies will be provided.