



Virginia Tiered System of Supports (VTSS)
Cohort 4 - Application

School Division: _____

Primary Contact Name: _____

Phone: _____

Email: _____

Please return by June 19, 2017 to:
Dr. Tom Manthey
Tom.Manthey@doe.virginia.gov
Virginia Department of Education
P.O. Box 2120
Richmond, Virginia 23218-2120

Application Checklist

Section A: Documentation of Division Exploration Activities

Complete the VTSS Division Exploration Guide and attach to this application. This guide is available on the VTSS website www.vtss-ric.org as a companion to the VTSS Readiness Webinar series. These webinars provide guidance on completing VTSS division exploration activities. A blank copy of the guide is also attached to this application.

Section B: VTSS Commitment for Success Agreement and Signature Page

Division Superintendent (or designee) will read and initial the VTSS requirements. Division executive leaders review the application and complete the Application Signature page.

Section C: Letters of Support (optional)

Possible examples include: local school board, business partners, external technical assistance providers, and school improvement consultants.

VTSS Commitment for Success Agreement

Please read and initial to indicate agreement with each commitment.	Initial
_____ (Division) will:	
Identify VTSS as one of the top division goals and work to align separate initiatives under this framework.	
Allocate funding and resources to support the VTSS framework. Participants in Cohort 4 are eligible for implementation start-up support through a state grant, the division should investigate ways in which to sustain implementation beyond the grant period.	
<p>Form a Division Leadership Team (DLT) that is representative of the division (i.e., Superintendent, executive staff, instruction, special education, student services).</p> <ul style="list-style-type: none"> • The DLT will meet monthly. • Team commits to attending three state-wide professional learning opportunities (these may be offered centrally, regionally or on-site in specific circumstances) per academic year. • Team commits to sending at least two representatives to VDOE-sponsored professional learning events for their school-based teams. • Should the Superintendent not be able to actively participate in the leadership team a representative will be assigned. Regular communication between the Superintendent and the designee will be established and documented. 	
<p>From the division leadership team, appoint a Division Coordinator and at least one other member to serve as VTSS Division Systems Coaches.</p> <ul style="list-style-type: none"> • Division Systems Coaches commit to attending monthly school-based VTSS team meetings, facilitating action planning and supporting implementation at all three tiers. • Division Systems Coaches attend Systems Coaching Institutes offered yearly and other coaching specific training opportunities as available. 	

<p>Allocate time in the school calendar for school based teams, school coaches and administrators to access VDOE-sponsored professional learning opportunities.</p> <ul style="list-style-type: none"> • Division team and/or Division Systems Coaches commit to providing coaching and support following professional learning opportunities. 	
<p>Develop and progress monitor a implementation action plan, which addresses all three tiers and is aligned with academics, school improvement and/or strategic goals and plans.</p> <ul style="list-style-type: none"> • Team commits to utilizing data to guide decision making within the implementation plan. • Team commits to utilizing the implementation plan to build division capacity to support schools in the implementation of VTSS with fidelity. 	
<p>Participate in all evaluation activities as outlined by project evaluators contracted by VDOE.</p>	
<p>The DLT will support the collection of evaluation data required of the schools.</p>	
<p>The DLT will commit to providing school-based teams timely access to academic and behavior data. If the division chooses to use School-Wide Information System (SWIS; provided at no additional cost), the DLT commits to sending at least two staff members to SWIS facilitators training.</p>	

VTSS Application Signature Page

<u>VTSS Division Coordinator</u>		
Name:		Position:
Phone:		Email:
Printed Name	Signature	Date

<u>Division Superintendent</u>		
Printed Name	Signature	Date

<u>Assistant Superintendent of Instruction</u>		
Printed Name	Signature	Date

<u>Director of Special Education</u>		
Printed Name	Signature	Date

<u>Director of Student Support Services</u>		
Printed Name	Signature	Date