

K-12 Student Wellness & Success Funding Plan

School District:

District Contact:

Fiscal Year:

Community Partnership: Madison-Champaign ESC



Identify Critical Needs (Optional)

How did you go about identifying the critical needs associated with the Wellness and Success funds?

Stakeholders:	Building Leadership Team Parent Engagement	Community Engagement Whole Child Team	District Leadership Team Other:
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Research & Select Evidence-Based Strategies (Optional)

What research and evidence based strategies are you already using? What research and evidenced based strategies are you looking into using? Do you need suggestions of evidence-based strategies?

District Plan

	Student Initiative	Description	Funding Type	Allocation Amount	Outcomes Desired	Who Will Be Responsible ?	Timeframe
	Mental Health Services						
	Services for Homeless Youth						
	Services for Child Welfare Involved Youth						
	Community Liason						
	Physical Health Care Services						
	Mentoring Programs						
	Family Engagement and Support Services						
	PD regarding Trauma-Informed Care						
	PD regarding Cultural Competence						
	Student Services Prior To or After the School Day or When Not in Session						

Person Completing Plan:

Date:

Results & Analysis Report

	Student Initiative	Number of Students Impacted	Results/ Analysis: How well did it go? Who is better off?	Implications for FY21
	Mental Health Services			
	Services for Homeless Youth			
	Services for Child Welfare involved Youth			
	Community Liason			
	Physical Health Care Services			
	Mentoring Programs			
	Family Engagement and Support Services			

	PD regarding Trauma-Informed Care			
	PD regarding Cultural Competence			
	Student Services Prior To or After the Scheduled School Day or When School is Not in Session			

Person Completing Report:

Date:

