

# New Braunfels ISD State Compensatory Education (SCE) Expenditure Request

<b>Date</b>	<b>Campus</b>	<b>Total Cost of Request</b>
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**Funding Source: State Compensatory Education**

Funding requests must meet six critical questions to determine allowability when funding with SCE funds. Adequate planning and documentation are required prior to SCE funds. SCE funds must be used to provide support programs and/or services that supplement the regular education program so that the intended population (at-risk students) can succeed in school. Program funds must be expended for programs, activities, and strategies that are evidence based and meet needs identified in the CNA and CIP.

**Justification: Reasonable and necessary**

Briefly explain how this request is compliant in meeting the general program requirements for the targeted fund source (at-risk). How is the expenditure reasonable and necessary to carry out the intent of addressing the needs of the at-risk population?

Please note where this is supported in your **Campus Improvement Plan** (i.e. Goal 3: Strategy 6) or **District Improvement Plan** (if at the district level). How often and how will the expenditure be **evaluated** to measure the positive impact on student achievement?

**Request**

How will the position, program or activity address the above-mentioned need? How would this be funded if SCE funds were not available? Please list the material(s), equipment, or service(s) requested:

Is this request supplemental and not supplanting current programs or regular budgetary items?		Yes		No	
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How will the position, program or activity be used to support a supplemental program implemented to ensure that at-risk students demonstrate proficiency and advanced levels of achievement on state academic achievement standards?

I assure the costs associated with this request are: reasonable, necessary, allowable, and allocable (the benefits derived from this expenditure are in proportion to the funds charged to this program?)

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Principal/Curriculum Specialist/Cabinet Signature

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NBISD Special Programs Director Signature

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NBISD Director of Curriculum/Asst. Superintendent Signature

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<b>Professional Development:</b> <i>(Complete Sections A-F only if requesting funds for professional development)</i>							
A. Name of Training:							
B. Training Date(s):							
C. Please select the content area(s) covered in professional development activities:							
	English/Language Arts		Mathematics		History		Civics/Government
	Reading		Science		Geography		Economics
	Foreign Language		Fine Arts		Other:		

<b>D. Please list the attendees. List additional attendees on a separate page if needed.</b>		
Attendee	Title	Home Campus
Ex. John Smith	10th Grade Algebra II Teacher	SPPCS

<b>E. The training meets all of the following criteria:</b>	
	Is aligned with TEKS
	Addresses effective strategies and techniques for meeting needs of at-risk students
	Has strong academic and pedagogical content that reflects recent research on teaching and learning
	Is of sufficient intensity and duration to have a positive and lasting impression on teacher performance in the classroom

<b>F. Plan for Dissemination:</b>					
	Study Group		Team Meetings		Faculty Meetings
	Formal Staff Development		Other:		