**Support for Students with Disabilities and Chronic Health Conditions**

**Request for Applications**

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State Superintendent of Education

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**BACKGROUND AND PURPOSE**

The Louisiana Department of Education (LDE) is committed to ensuring that all students have the necessary supports and services to have access to a quality education in their Least Restrictive Environment (LRE). To achieve this goal, the LDE is seeking applications from medical providers to provide specialized training, individualized technical assistance and follow-up services for Local Education Agencies (LEA) personnel and families with children who are chronically ill, have complex low incidence disorders, or have conditions requiring very specialized follow-up and/or treatment in order for the students to enter/re-enter schools in their least LRE.

This contract is critical to ensure that LEA personnel and families receive the necessary specialized support, training and technical assistance to make sure that individual students with disabilities with chronic health conditions and/or complex low incidence health conditions, are able to maximize their ability to participate and succeed in school in their LRE. Additionally, the successful applicant will be responsible for providing LEA personnel, community agencies, and other concerned individuals with links to community resources, supportive services, and information regarding the complex medical, academic, and social issues relative to the integration of the target population in the classroom.

**CALL FOR APPLICATIONS**

The Department of Education is seeking applications from eligible medical providers in Louisiana to provide the specialized support, training, and technical assistance to LEA personnel to address the individualized needs of students with disabilities who are chronically ill and/or have complex medical conditions to be successful when they transition from the hospital to home and/or enter/re-enter school.

The ***contract*** will be funded from August 2017 through July 2018. Opportunities to extend the partnership for additional years of funding through the 2018-2019 and 2019-2020 academic years will be available, pending availability of funds.

**PROGRAM PRIORITIES**

To provide expert, specialized training and technical assistance that is not readily available in school districts to students, families, and school personnel in order for the student with disabilities with chronic illness, low incidence disorders, and/or complex health needs maximize his/her ability to participate and be successful in schools in their LRE.

**PROGRAM PRIORITY:  *Building Local Capacity to Address Needs of Students with Disabilities who have Complex Medical Needs***

*Goal 1: Ensure students with disabilities who are chronically ill, have complex low incidence disorders, or have conditions requiring very specialized follow-up and/or treatment are successfully integrated into their Least Restrictive Environment (LRE).*

LEA personnel often need specialized training and technical assistance to meet individual student’s educational and medical needs. Successful applicants will outline how they are able to:

1. Provide specialized training and technical assistance to LEA personnel and families on the specific medical, educational, and social issues that may be impacting a student’s success in the classroom. Proposals should include, but are not limited to, trainings that address the following:
	1. Identifying potential barriers that may impact a student’s success in the education environment and developing a plan to address the potential barriers;
	2. Using specialized equipment and devices to ensure students are successfully integrated in the LRE;
	3. Condition specific trainings such as tracheotomy/ventilator assistance, gastronomy tubes, epilepsy, and diabetes; and,
	4. Other topics identified through the statewide LEA outreach process.

*Goal 2: Ensure LEA staff and medical providers throughout the state are knowledgeable about the available services and supports.*

1. Implement an outreach strategy to identify the support and training needs of LEAs across the state. Proposals should include, but are not limited to:
	1. Outline of how the applicant will work with LEAs across the state to determine training and support needs;
	2. Plan for how the applicant will increase engagement of LEAs in activities across the grant year;
	3. Plan for marketing the services the applicant will make available to LEAs; and
	4. Outline of how LEAs will have access to in person and on-demand professional learning opportunities.

**APPLICATION AND TIMELINE**

**Release of the Support for Students with Disabilities and Chronic Health Conditions RFA**

**Deadline to Submit Application July 28, 2017**

**Notification of Award August 8, 2017**

**Year One Funding Period August 2017 – July 2018**

**ELIGIBILITY AND FUNDING**

The Department will award one proposal up to $160,000 per year that presents a high-quality plan that meets the priorities identified in the Request for Applications.

**Public and non-public medical** providers in Louisiana are eligible to apply.

The partnership will be funded through the Louisiana Department of Education’s federal IDEA funds.

**QUESTIONS AND ADDITIONAL INFORMATION**

Contact Michael Comeaux at Michael.Comeaux@la.gov with questions or for additional information.

**APPLICATION NARRATIVE**

The application narrative is limited to a maximum of 3 single-spaced pages. The narrative must include the headings shown below, in the order given below. Submit the Cover Page, Budget Page, and Application Narrative via email to Michael.Comeaux@la.gov.

1. **Experience**

Briefly describe experience in providing expert statewide support to LEA personnel that provide services to students with disabilities who are chronically ill, have complex low incidence disorders, or have conditions requirement specialized follow-up and/or treatment in order to enter/re-enter their education program in their least restrictive environment (LRE).

Proposals should include the following information which specifically supports one or more of the established priorities:

* Detail of experience working with LEAs to support students with disabilities who have chronic illness, low incidence conditions, and/or chronic health issues.
* Detail of experience working with LEA personnel to ensure students with disabilities who have chronic illness, low incidence conditions, and/or chronic health issues are able to maximize their participation in schools in their LRE.
* Specific examples of direct support services and/or technical assistance provided to LEA personnel to address specific medical issues(s) for individual students that may impact their success in the classroom.
* Specific examples of support services and/or technical assistance for families to enable their child with disabilities and chronic health conditions to be successful in the school.
1. **Activities Aligned to Priorities**

Describe the proposed activities and how these activities will address the priorities defined in this RFA.

Proposals should include:

* A description of the process used to determine the types and numbers of specialized trainings and technical assistance to LEA personnel and families on the medical, educational and social issues that may be impacting a student’s success in the classroom;
* A plan to provide the specialized trainings and technical assistance to LEAs and families that were identified through the informed decision making process; and,
* The types of strategic outreach activities that will be conducted to provide information to the LEAs and other medical providers on the services available through this contract.

**COVER PAGE AND BUDGET FORM**

**COVER PAGE**

|  |
| --- |
| **Name of Submitting Institution:**  |
| **Address of Institution (Department/Unit Address, City, State, Zip Code):**  |
| **Title of Proposal:**  |
| ***The signature below certifies that the institution and the proposal are in compliance with all applicable Federal and State laws and regulations.***  |
| **Authorized Institutional Representative** | **Name:**  |  |
| **Name of Institution:** |  |
| **Title:**  |  |
| **Telephone:**  |  |
| **Email Address:**  |  |
| **SIGNATURE:** |  |

**BUDGET FORM**

Describe how the funds will be spent for each of the categories identified below.

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Description** | **Amount** |
| **Overhead and Administration** |  |  |
| **Technical Assistance- Staff Time** |  |  |
| **Professional Development/Training – Staff Time** |  |  |
| **Supplies** |  |  |
| **Travel** |  |  |
| **Other Objects** |  |  |
| **TOTAL** |  |