

Feedback Group Application

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Your school is invited to participate in a feedback group to improve the social and emotional health of children during the [Insert Years] school year!

Please review this entire document before submitting. Only one application is needed from each school group.

WHO: Elementary schools with a group of 4-6 people made up of support staff, teachers, educational assistants, administration

WHEN: Application deadline [Insert Date and Time]. Selection will be made the following week, and meetings will be scheduled shortly thereafter.

WHAT: Racine is one of 10 communities across Wisconsin funded by the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin to improve behavioral health. The Racine project is focused on improving the social emotional health of elementary school students in RUSD. It is made up of four strategy teams that are comprised of individuals with knowledge, skills and experience related to each of the strategies below:

- Strategy #1 - Increase opportunities for parents to learn about social emotional development.
- Strategy #2 - Create a school environment that supports students' social emotional health.
- Strategy #3 - Expand activities that intentionally improve social emotional health and development of elementary school students in RUSD.
- Strategy #4 - Improve coordination and pathways to mental health services for RUSD students.

Your team will:

- Review documents, activities, ideas related to each of the 4 strategies prior to scheduled sessions
- Attend all scheduled sessions and provide meaningful and specific feedback
- Attend a one-hour orientation
- Meet 3-4 times for 1.5 hours within school year- dates TBD.

Our team will:

- Provide facilitation and administrative support for feedback sessions
- Coordinate refreshments, agendas and other supplies needed for meetings
- Donate supplies to support social and emotional learning, such as sensory items, TAB areas, SEL books to the school group(s) that are selected to give feedback

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Deadline and Question Information

Please submit your application by [Insert Date and Time]. For any questions about the application, please send an email to the Project Coordinator, [Insert name] at [Insert Email Address] or call [Insert Phone Number].

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Team Information

Group should be 4 people minimum.

School Name: _____

Member 1 Name, Title, Email: _____

Member 2 Name, Title, Email: _____

Member 3 Name, Title, Email: _____

Member 4 Name, Title, Email: _____

(Optional) Member 5 Name, Title, Email: _____

(Optional) Member 6 Name, Title, Email: _____

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Questions

Why do the members of your school team want to be part of this feedback group? (Max character count: 500, includes spaces, periods, etc.): _____

How does your team define Social Emotional Learning (SEL)?

Implementation or Interventions

How well are these Tier 1 interventions implemented at your school?

	Extremely Well	Very Well	Well	Slightly Well	Not Well at all	Not applicable/Not offered at our school
Bullying Prevention Program						
Strengthening Families Program						
Responsive Classrooms						
Pyramid Model						
FAST						
Second Step						
Class Dojo						
Just Say No Club						
Mindfulness						
Youth Leaders Academy						
Inner Explorer						

How well are these Tier 2 interventions implemented at your school?

	Extremely Well	Very Well	Well	Slightly Well	Not Well at all	Not applicable/Not offered at our school
Peer Mediation Program						
Bully Prevention Program						
Youth Advocates						
Learning to Breathe						
Check-in/Check-out						
Functional Behavioral Analysis (FBA)/Behavior Intervention Plan (BIP)						

Social/Academic Instructional Group (SAIG)						
Mind Up						

How well are these Tier 3 Interventions implemented at your school?

	Extremely Well	Very Well	Well	Slightly Well	Not Well at all	Not applicable/Not offered at our school
School-based Mental Health Clinic						
Fresh Start						
Peer Mediation Program						
Bully Prevention Program						

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Thank you for applying to be part of this feedback group for the Healthier Wisconsin Partnership Program! By submitting this application, your team agrees that they will meet all expectations required of them. The winning group(s) will be contacted via email.