

Do-It-Yourself Group Topic:
Facilitator/Contact Name:
Phone:
Email:
Program and County:

The principal applicant must be a professional employed in a public-school program that serves children ages 3-5 with disabilities, or a parent of a young child (ages 3-6) who has an IEP. This grant encourages collaboration and group members may include individuals working in state Pre-Kindergarten programs, Head Start, Park District, Community Preschools and Prevention Initiative Programs.

Application Deadline: April 1st

Application Format - *Please type on a separate piece of paper.*

- *Title of the project*
- *Brief description of what topic your study group will address and how you see the study group will benefit participants. (75-100 words)*
- *Expected benefits and outcomes.*
- *Provide a tentative schedule of meeting dates, time and location.*
- *List participants, including their names, email addresses, phone numbers, school/agency, affiliation, and position. Indicate which person is the facilitator(s), if it is not the principal applicant.*
- *Submit a draft budget. If additional speakers are to be hired, list the names of those speakers.*

Final Report - *When the group completes its work, STAR NET requires the following:*

- *When the group study is completed, the facilitator will write a brief summary indicating the topic(s) that were addressed, and how the members benefited from participating in the study group. If participants complete an evaluation, please submit copies of the evaluations as well.*
- *Provide STAR NET with the final schedule of actual meeting dates, times and names of participants for each meeting.*
- *Provide STAR NET with copies of resources provided to the group and copies of agendas for the meetings. These materials will be kept in the Region IV office.*
- *Each member of the group will complete a Funding Evaluation from STAR NET.*