

Teacher Assistance Program (TAP) Guidelines

Purpose: The Teacher Assistance Program is intended to provide monthly time-sensitive assistance to SISD teachers for items and/or projects that directly impact students' learning.

Eligible Requests: The Stephenville Education Foundation will consider requests through the TAP Program that include but are not limited to:

- Funds for imaginative/clever ideas
- Funds for project supplies
- Funds to purchase books for classroom libraries
- Classroom Environment
- Funds for educational Field Trip opportunities
- Requests for technology will not be considered through the TAP program.

Eligible TAP Requests Criteria

- Cost \$1000 or less
- Directly impact student learning
- Comply with SISD Policy

Application/Selection Process

- Complete a thorough application electronically including a cover sheet and submit
- Approval of campus principal
- Requests will be reviewed on a monthly basis throughout the school year (September - May)
- Applications will be due by the 25th of the month to be considered for the 10th of the following month disbursement of funds.
- Applicants will be required to submit receipts, photos/videos, and an evaluation of program
- Selected applicants will be invited to present/share their ideas/needs/evaluation to their faculty and/or Stephenville Education Foundation

Teacher Assistance Program (TAP) Application

Teacher Name: _____

Grade: _____ Subject: _____

Campus: _____

Project Title: _____

Date of implementation of Program: _____

Please answer each question concisely and thoroughly.

1. Summary of request. **What do you plan to do with the funds?**

2. Rationale. **How will this project meet a campus need and how will it improve student learning?**

3. Desired Outcomes. **What measurable outcomes do you hope to accomplish through this project?**

4. Activities/Implementation. **List activities that will be utilized to implement the program and achieve objectives?**

5. Evaluation. **How will you determine the success of the program?**

6. Budget Request. **Enter the items you propose to purchase to implement the program. You are not bound by the items you listed, but the budgeted amount cannot be raised once your application has been submitted. List priority items first and include shipping estimates. Provide vendor contact information.**

Vendor	Item	Unit Cost	Quantity	Shipping	Total Cost