# Washington County Schools
## Technology Mini Grant Form

**Name:** _____

**School:** _____

**Date Submitted:** _____

**Principal Approval:** _____
(as appropriate for teachers PGP or CSIP)

1. Write a brief description of your grant.  Include any cross-disciplinary components and/or departments if applicable. Application must include <u>at least one</u> of the following:
   *Link to Washington Co. Curriculum
           OR
    *Link to School Technology Curriculum and\or *State Teacher Standards found at http://www.washington.k12.ky.us/docs/kytechteacherstands-08.pdf
   or *Implementation of the CSIP.
     (Use additional page if necessary)

2. Time frame for project: (When will the evaluation listed in step 6 take place?)

_____

3. **Necessary Training**: (Training is required for CPS, Airliner and Document Cameras and other new technologies. )

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4. Method of Evaluation: (Note: In order for this submission to be considered for approval  you **must** include one of the methods of evaluation listed below.)
*The completion of the grant will be evaluated by one of the following methods:  Pre and Post Test or Survey; Presentation(s) to the school technology committee, faculty, or school board; Presentation at state, county, or local school technology event, or by displays of student products resulting from implementation of this grant.Observation(s) by the technology staff, building administrator or district administrator.*

Evaluation of Initiative by:

Date Evaluated: _____

Comments: _____

Approved by: _____

**Please E-Mail a copy of this form when project is completed to:**

**Mike Scyphers/Tom Harmon**
**mike.scyphers@washington.kyschools.us**
**thomas.harmon@washington.kyschools.us**
**Washington Co. Schools**

**Use this sheet if additional space is needed for item # 1.**