Absolute Priority: Organization: Project Title: Start Date: End Date: Project Director: Full Name: Address Line 1: Address Line 2: City: State: Zip Code: Telephone:

Additional Key Personnel (not including project director listed above):

Email Address:
Average Time on
Project, Year 1 (%):

Full Name / Position / Program	Average Time on Project, Year 1 (%)	Email Address
Example: John Smith, Ph.D./Professor/ Special Education Department	Example: 25.2%	Example: john.smith@UXX.EDU

ABSTRACT TEMPLATE PAGE 2

briefly des	scribe the purpose ar	na expectea outcom	es. (100 words or fe	ewer)
iefly describe hov tcomes. (100 wor	w the project will be de rds or fewer)	signed, managed, and	d evaluated to addres	s the identif

Disability (or disabilities) focused on by the	project (check all that apply):
Autism	
Deaf-blindness	
☐ Deafness	
Developmental Delay (DD)	
Emotional Disturbance (ED)	
Hearing Impairment	
Intellectual disability	
☐ Multiple disabilities	
Orthopedic impairment	
Other health impairment	
Specific Learning Disability	
Speech or language impairment	
Traumatic brain injury	
Visual impairment, including blindness	
☐ Birth to 3 ☐ Preschool ☐ Elementary School ☐ Middle School ☐ High School ☐ Postsecondary	
Target content area(s) focused on by the pr	oject (check all that apply):
Assessment	ELs with Disabilities
Behavior	Accessible Educational Materials
☐ Early Childhood	☐ Technology Research and Development
☐ Inclusive Practices	Assistive and Instructional Technology
☐ Instructional Strategies	☐ Transition Services
Literacy	☐ Dropout Prevention
☐ STEM	☐ Family Engagement
☐ MTSS	Related Services
☐ Data Collection, Analysis, and Use (373)	☐ Dispute Resolution
Geography focused on by the project (chec	k all that apply):
<u> </u>	Suburban
Rural	