

ABSTRACT TEMPLATE:

84.325D

Absolute Priority: _____
Organization: _____
Project Title: _____
Start Date: _____
End Date: _____

Project Director:

Full Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Email Address: _____
Average Time on Project, Year 1 (%): _____

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

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

Briefly describe the purpose and expected outcomes. (100 words or fewer)

Briefly describe how the project will be designed, managed, and evaluated to address the identified outcomes. (100 words or fewer)

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 _____

Age group(s) of children with disabilities focused on by the project (check all that apply):

- Birth to 3 _____
- Preschool _____
- Elementary School _____
- Middle School _____
- High School _____
- Postsecondary _____

Target content area(s) focused on by the project (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Assessment _____ | <input type="checkbox"/> ELs with Disabilities _____ |
| <input type="checkbox"/> Behavior _____ | <input type="checkbox"/> Accessible Educational Materials _____ |
| <input type="checkbox"/> Early Childhood _____ | <input type="checkbox"/> Technology Research and Development _____ |
| <input type="checkbox"/> Inclusive Practices _____ | <input type="checkbox"/> Assistive and Instructional Technology _____ |
| <input type="checkbox"/> Instructional Strategies _____ | <input type="checkbox"/> Transition Services _____ |
| <input type="checkbox"/> Literacy _____ | <input type="checkbox"/> Dropout Prevention _____ |
| <input type="checkbox"/> STEM _____ | <input type="checkbox"/> Family Engagement _____ |
| <input type="checkbox"/> MTSS _____ | <input type="checkbox"/> Related Services _____ |
| <input type="checkbox"/> Data Collection, Analysis, and Use (373) _____ | <input type="checkbox"/> Dispute Resolution _____ |

Geography focused on by the project (check all that apply):

- Urban _____
- Rural _____
- Suburban _____

Focus Area (specify one):

- 325D Priority 1-Preparation of Special Education, Early Intervention, and Related Services Faculty
- 325D Priority 2-Preparation of Special Education and Early Intervention Administrators

Novice Applicant (the college/university, not the project director), defined as “Applicants that have not had an active grant award under the 84.325D program at any point in the preceding 5 fiscal years (i.e., FY 2014 - FY 2018). check one):

- Yes
- No

Scholar Support through Grant:

Budget Period	Number of Scholars per Cohort Receiving Support*	Percent of Funding Designated for Scholar Support
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		
Total		

***Note:** Indicate the total number of scholars in each cohort that are receiving support in a budget period (e.g., Budget Period Year 3: 3 [Cohort 1] + 2 [Cohort 2]).

How is the program delivered (check one)?

- Online _____
- In-person _____
- Hybrid _____

Minority Serving Institution (50% or more minority enrollment) (check one):

- Yes
- No

Cost Matching Percentage (See application package for specific requirements on match):

Example: 40%
