Attachment B to Supts. Memo No. 128-18

May 11, 2018



**2018 Application**

**Virginia Tiered System of Supports (VTSS)**

**Cohort 5**

School Division:

Primary Contact Name:

Phone:

E-mail:

Please return by June 13, 2018 to:

Maribel Saimre

[Maribel.Saimre@doe.virginia.gov](mailto:Maribel.Saimre@doe.virginia.gov)

Virginia Department of Education

P.O. Box 2120

Richmond, Virginia 23218-2120

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Application Checklist

# Section A: Documentation of Division Exploration Activities

Complete the VTSS Division Exploration Guide and attach to this application. This guide is available on the VTSS website at [link: https://vtss-ric.org/professional-learning/division-exploration-webinar-series/](https://vtss-ric.org/professional-learning/division-exploration-webinar-series/) as a companion to the VTSS Readiness Webinar series, and as attachment C to the Superintendent’s Memo. These webinars provide guidance on completing VTSS division exploration activities.

# Section B: VTSS Commitment for Success Agreement and Signature Page

Division Superintendent (or designee) will read and initial the VTSS requirements. Division executive leaders review the application and complete the VTSS Application Signature page.

**Section C: Letters of Support (optional)**

Possible examples include: local school board, business partners, external technical assistance providers, and school improvement consultants.

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VTSS Commitment for Success Agreement

**Please read and initial to indicate that you understand and agree. Initial**

**(Division) will:**

**Identify VTSS as one of the top division goals. Efforts will be made to align**

**separate initiatives under this framework**.

**Allocate funding and resources to support the VTSS framework. Participants in**

**VTSS Cohort 5 are eligible for implementation start-up support through a state**

**grant (FY18). The division should investigate ways in which to sustain**

**implementation beyond the state grant period.**

**Form a Division Leadership Team (DLT) that is representative of the division**

**and community (e.g. Superintendent, executive staff, instruction, special**

**education, student services, family members, etc.).**

* **DLT will meet monthly.**
* **DLT commits to attending three state-wide professional learning opportunities**

**(these may be offered centrally, regionally or on-site in specific circumstances)**

**per academic year.**

* **DLT commits to sending at least 2 representatives to VDOE-sponsored**

**professional learning events for their school-based teams.**

* **Should the Superintendent not be able to actively participate in the leadership**

**team, a representative will be assigned and regular communication with the Superintendent established and documented.**

**From the division leadership team, appoint a Division Coordinator and at least one**

**other member to serve as VTSS Division Systems Coaches.**

* **Division Systems Coaches commit to attending monthly school-based VTSS**

**team meetings, facilitating action planning and supporting implementation at**

**all three tiers.**

* **Division Systems Coaches attend Systems Coaching Institutes offered yearly**

**and other coaching specific training opportunities as available.**

**Allocate time in the school calendar for school based teams, school coaches and administrators to access VDOE-sponsored professional learning opportunities.**

* **Division team and/or Division Systems Coaches commit to providing coaching**

**and/or follow-up support following professional learning opportunities.**

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**Commit to engaging family, youth and community in planning, implementation**

**and evaluation of the VTSS framework.**

**Develop and progress monitors a VTSS implementation action plan, which addresses**

**all three tiers and is aligned with academics, school improvement and/or strategic**

**goals and plans.**

* **Team commits to utilizing data to guide decision making within the implementation plan.**
* **Team commits to utilizing the implementation plan to build division capacity to**

**support schools in the implementation of VTSS with fidelity.**

**Participate in all evaluation activities as outlined by project evaluators contracted by VDOE.**

**DLT will support the collection of evaluation data required of the schools.**

**DLT will commit to providing school-based teams timely access to academic and**

**behavior data.**

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**VTSS Application Signature Page**

VTSS Division Coordinator

Name:       Position:

Phone:       E-mail:

Printed Name:       Signature:       Date:

Division Superintendent

Printed Name:       Signature:       Date:

Assistant Superintendent of Instruction

Printed Name:       Signature:       Date:

Director of Special Education

Printed Name:       Signature:       Date:

Director of Student Support Services

Printed Name:       Signature:       Date: