



### Township High School District 211 Time Grant Request Form

Please Note:

- Requests for time a grant must be submitted **no later than FOUR WEEKS prior to proposed date** to allow time for the approval process.
- All time grant requests must be approved by the department chair and the principalship.
- Project leader is responsible for submitting a brief report of progress (one page) within three days following the use of the time grant to the Director of Instructional Improvement.
- Faculty approved for a Time Grant will be responsible for arranging substitute coverage.
- Time grants can be requested for Tuesdays, Wednesdays, or Thursdays only.

**Project Leader Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Telephone Ext:** \_\_\_\_\_

Date and duration of proposed release: (T, W, Th only)

<b><u>Date:</u></b> ____ / ____ / ____	<b><u>Day of Week:</u></b> <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<b><u>Time:</u></b> Start: _____ End: _____	<b><u>Location:</u></b> _____
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Participating Schools:

- |   |  |
|---|--|
| <input type="checkbox"/> Palatine High School   | <input type="checkbox"/> Hoffman Estates High School |
| <input type="checkbox"/> Fremd High School      | <input type="checkbox"/> North Campus                |
| <input type="checkbox"/> Conant High School     | <input type="checkbox"/> Higgins Education Center    |
| <input type="checkbox"/> Schaumburg High School |  |

Participating Teachers:

Participating Instructional Coach: \_\_\_\_\_

**Project Focus Criteria (check all that apply):**

- Development or revision of critical learning standards or objectives.
- Critical learning standards assessment development or review
- Data collection and analysis of student learning from State, District or department assessments.
- Other: \_\_\_\_\_

**Project Description**

What are the goals of this project? What products will be created?

Specifically, how will this project impact student learning?

What student learning data will be collected as a result of this project?

What is the timeline for sharing of this data with department or school leadership?

**Approval Process:**

Department chair: \_\_\_\_\_  
(signature) (date)

Principal: \_\_\_\_\_  
(signature) (date)

Submit proposal to the Director of Instructional Improvement.

Director of Instructional Improvement: \_\_\_\_\_  
(signature) (date)

Associate Superintendent for Instruction: \_\_\_\_\_  
(signature) (date)