

Narrative

Address the points below in each text box. Provide enough detail to communicate your general plans. Details of your plan will be established in the upcoming planning meetings as the Community Inclusion Team is formed.

Please describe how you will recruit CIT members and ensure their commitment to the project and on-going participation.

Describe how families of children with disabilities will be integral members of the CIT and be supported to participate in planning.

Describe the working relationship between the LEA(s) and CBO(s), including whether there are any on-going partnerships to support preschoolers with IEPs who are served in community settings. Please describe the number of classrooms and children with disabilities you expect to impact.

Describe other existing partnerships that will support this effort.

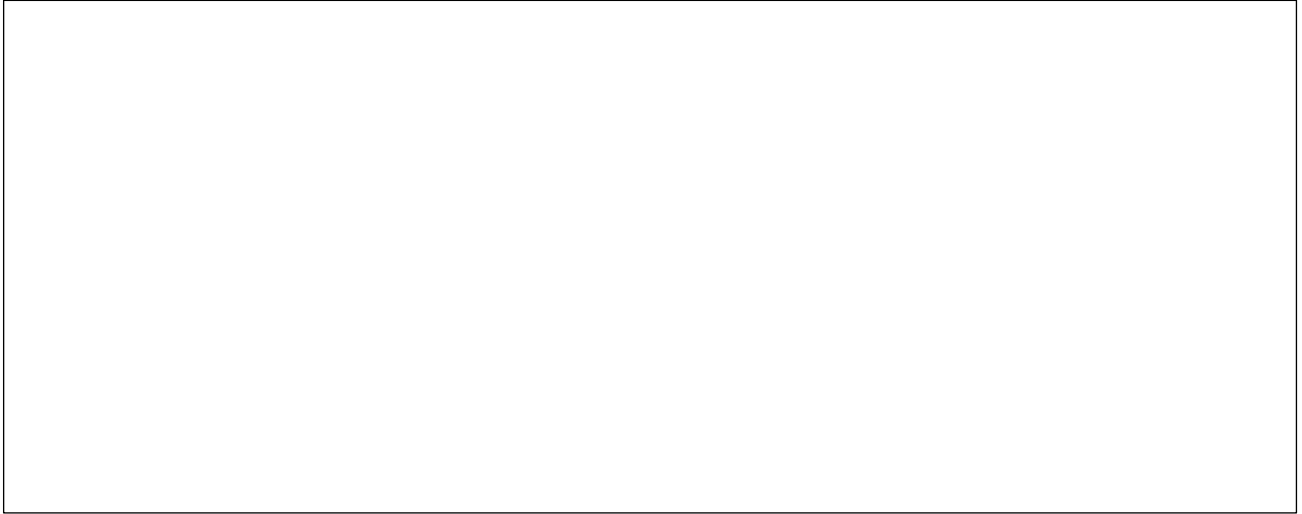
Describe your stakeholder communication and engagement plans to keep everyone informed.

Describe the experience of the LEA and CBOs with inclusive practices, the Indicators of High Quality Inclusion and collaboration.

From the models included in the [ISBE report](#) (see Appendix), please identify which itinerant model(s) you will utilize and describe initial steps you will take to plan for implementation.

Describe how you expect to use funds from the stipend. Early CHOICES and the fiscal agent for this CIT will have a contract with deliverables related to this work. This is not a grant, but funds are expected to be used to support the activities of the CIT.

Please describe any concerns or barriers related to your CIT, please describe the resources and supports you are most interested in

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Early CHOICES Application Signature Form LEAs (duplicate as needed)

Commitment of Superintendent

I support the application of _____
(Organization Name)

to build the capacity of communities to equitably serve preschool children with disabilities in inclusive learning environments. Our district will participate in community inclusion team, professional learning and technical assistance related to inclusion. I understand that my team (including me) will need to commit to monthly meetings, professional learning opportunities and may receive coaching.

Name _____

Title _____

LEA _____

Signature _____

Commitment of Superintendent Designee

I support the application of _____
(Organization Name)

to build the capacity of communities to equitably serve preschool children with disabilities in inclusive learning environments. Our district will participate in community inclusion team, professional learning and technical assistance related to inclusion. I understand that my team (including me) will need to commit to monthly meetings, professional learning opportunities and may receive coaching.

Name _____

Title _____

LEA _____

Signature _____

Commitment of Director

I support the application of _____
(Organization Name)

to build the capacity of communities to equitably serve preschool children with disabilities in inclusive learning environments. Our district will participate in community inclusion team, professional learning and technical assistance related to inclusion. I understand that my team (including me) will need to commit to monthly meetings, professional learning opportunities and may receive coaching.

Name _____

Title _____

If the CBO program is **for-profit**, please complete the following section.
If your program is **not-for-profit**, feel free to skip this section.

Commitment of Owner

____ Check if the director and owner are the same person (and skip the rest of this section).

I support the application of _____
(Organization Name)

to build the capacity of communities to equitably serve preschool children with disabilities in inclusive learning environments. Our district will participate in community inclusion team, professional learning and technical assistance related to inclusion. I understand that my team (including me) will need to commit to monthly meetings, professional learning opportunities and may receive coaching.

Name _____

Title _____

Please submit this application electronically by 5:00 pm on June 2, 2023 to
Ann Kremer ann.kremer@eclre.org.