PK-3 | Reading Screener
GRANT APPLICATION

In accordance with Mississippi Code § 37-23-16, each local school district shall use screeners in Pre-Kindergarten through 3rd Grade. Screeners shall be locally selected and approved by the Mississippi Department of Education. Please complete the information below and upload the form to the SharePoint folder. District folder>K-3 Screener>2022-2023

TIMELINE

October 1   Submit Section A and Section B, beginning-of-year (BOY) screener results, and an invoice for PreK-3rd grade screeners via SharePoint upload (required for current fiscal year grant funding)

February 1   Submit middle-of-year (MOY) screener results via SharePoint upload (required for current fiscal year grant funding)

May 30   Submit end-of-year (EOY) screener results via SharePoint upload (required for grant funding in subsequent fiscal year)

PK-3 | Reading Screener **GRANT APPLICATION**

SECTION A
SCREENER SELECTION

Check the approved screener that has been selected for this school district. If more than one screener is being used, please indicate the grades and/or schools in which it is being used on the line. Districts can only be reimbursed for one screener per grade. The data submitted should correspond with screener selected. Invoices will be required for each screener being used.

FAST: Adaptive Reading, CBMReading, and earlyReading English
(three screeners administered as a suite) | Grade Level(s)/School(s):

Istation Indicators of Progress (ISIP) | Grade Level(s)/School(s):

Measures of Academic Progress (MAP) Growth, Measures of Academic Progress |
Grade Level(s)/School(s):

i-Ready | Grade Level(s)/School(s):

mCLASS Reading 3D | Grade Level(s)/School(s):

STAR Early Literacy, STAR Reading | Grade Level(s)/School(s):

SECTION B
DISTRICT INFORMATION

School District _____ **School Year** _____

Contact Person _____ **Contact Position** _____

Contact E-mail _____ **Contact Phone** _____

_____ _____
Superintendent Signature *Contact Person Signature*

The screener reimbursement will be a direct deposit into the general fund over the summer.

_____
Business Manager Signature

SECTION C
SAMPLE DATA FILE FORMAT

Local school districts must submit Section A and Section B, beginning-of-year **(BOY)** screener results, and an invoice for PreK-3rd grade screeners via SharePoint upload (required for current fiscal year grant funding) by October 1.

Local school districts must submit middle-of-year **(MOY)** screener results via SharePoint upload (required for current fiscal year grant funding) by February 1.

Local school districts must submit end-of-year **(EOY)** screener results via SharePoint upload (required for grant funding in subsequent fiscal year) by May 30.

Below is a snapshot of the required spreadsheet upload format. **This spreadsheet will be made available to districts for upload to SharePoint.**

Please complete the Screener Upload Spreadsheet for each school in your district. Only complete the fields that apply to the school. For example, if the school does not have a 3rd grade, leave the row for 3rd grade blank. It is important that data is broken down by grade for reporting purposes. Include beginning of year (BOY), middle of year (MOY), and end of year (EOY) data on the same document. Please contact Melissa Beck at mbeck@mdek12.org with any questions.

PK-3 READING SCREENER RESULTS										
2019-2020										
		BOY SCREENER			MOY SCREENER			EOY SCREENER		
		Date(s) BOY screener was given			Date(s) MOY screener was given			Date(s) EOY screener was given		
		Date(s) of parent notification of BOY screener results			Date(s) of parent notification of MOY screener results			Date(s) of parent notification of EOY screener results		
DISTRICT/SCHOOL NAME	GRADE LEVEL	Number of students given the screener	Number of students identified for intervention	Percentage of students who were identified for intervention	Number of students given the screener	Number of students identified for intervention	Percentage of students who were identified for intervention	Number of students given the screener	Number of students identified for intervention	Percentage of students who were identified for intervention
Enter District Name		**0**	**0**		**0**	**0**		**0**	**0**	
Enter School Name A	PK									
	K									
	1st									
	2nd									
	3rd									
	TOTAL	0	0		0	0		0	0	
Enter School Name B	PK									
	K									
	1st									
	2nd									
	3rd									
	TOTAL	0	0		0	0		0	0	
Enter School Name C	PK									
	K									
	1st									
	2nd									
	3rd									
	TOTAL	0	0		0	0		0	0	
Enter School Name D	PK									
	K									
	1st									
	2nd									
	3rd									
	TOTAL	0	0		0	0		0	0	