

WHEN: Application deadline [REDACTED]

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Deadline and Question Information

Please submit your application by [Insert Date and Time]. For any questions about the application, please send an email to the Project Coordinator, [Insert name] at [Insert Email Address] or call [Insert Phone Number].

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Team Information

Group should be 4 people minimum.

School Name: _____

Member 1 Name, Title, Email: _____

Member 2 Name, Title, Email: _____

Member 3 Name, Title, Email: _____

Member 4 Name, Title, Email: _____

(Optional) Member 5 Name, Title, Email: _____

(Optional) Member 6 Name, Title, Email: _____

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Questions

Why do the members of your school team want to be part of this feedback group? (Max character count: 500, includes spaces, periods, etc.): _____

How does your team define Social Emotional Learning (SEL)?

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Implementation or Interventions

How well are these Tier 1 interventions implemented at your school?

| | | | |
|---------------------------|------------------|-------------|--------------------------|
| Extremely Well | Very Well | Well | Slightly Well |
|---------------------------|------------------|-------------|--------------------------|

| | | | | | | |
|--|--|--|--|--|--|--|
| Social/Academic Instructional Group (SAIG) | | | | | | |
| Mind Up | | | | | | |

How well are these Tier 3 Interventions implemented at your school?

| | Extremely Well | Very Well | Well | Slightly Well | Not Well at all | Not applicable/Not offered at our school |
|-----------------------------------|----------------|-----------|------|---------------|-----------------|--|
| School-based Mental Health Clinic | | | | | | |
| Fresh Start | | | | | | |
| Peer Mediation Program | | | | | | |
| Bully Prevention Program | | | | | | |

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Thank you for applying to be part of this feedback group for the Healthier Wisconsin Partnership Program! By submitting this application, your team agrees that they will meet all expectations required of them. The winning group(s) will be contacted via email.