**ST. JOHNS COUNTY SCHOOL DISTRICT**

**Department for Planning, Accountability and Assessment**

3015 Lewis Speedway, Unit 1 St. Augustine, Florida 32084

Telephone (904) 547-8911 Fax: (904) 547-8915

School Advisory Council Request for the Use of Funds
*Requests must be made 1 week prior to the SAC Meeting*
 Date: **5/10/2023** Requested by: **Cheryl Goodman/Samantha Morrison**

Purpose of the funds requested: **Premium student subscriptions for NoRedInk for the English department**

What Part of the School Improvement Plan will these funds address? **Standards based preparation for writing assessments; ACT preparation for the lowest 25%; grammar remediation and differentiation for all students; college preparation**

How will you measure its effectiveness or impact? **Writing scores (state assessed and or AP tests); qualitative assessment of student writing by teachers; faster, quality feedback by teachers**

*In order for this project to be funded by the School Advisory Council, you will be required to provide a 5 minute presentation on how it has been used to improve the school and/or the quality of teaching you are able to provide. Do you agree to this?* **(Yes** or No) How much funding support do you require? **At this time, we would like to have 500 student licenses, split between five teachers; the cost is $17 per student for a total of 8,500.**

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| --- | --- | --- | --- |
| **EXPENSE**  | **COSTS**  | **DATE NEEDED**  | **Brief Description**  |
| Materials Needed BB Bundle | 8500 | July 1, 2023 | Premium version of NoRedInk Student subscriptions (500 students)-12 months |
| Technology Needed  |  |  |  |
| Registration Fees  |  |  |  |
| Travel Expenses  |  |  |  |
| Hotel Expenses  |  |  |  |
| Per Diem  |  |  |  |
| Other  |  |  |  |
| Other  |  |  |  |
| TOTAL  | 8500 |  |  |



 Date Presented to SAC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Approved \_\_\_\_ Request Denied \_\_\_\_

SAC Chair Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAC Co- Chair Signature (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**St. Johns County Schools**

**Department of Planning and Accountability**