

TITLE IV (SDFSC PROGRAM)/INFORMATION
(To be completed by the SDFSC Contact Person for your school)

LEA (School District): _____

School: _____

Telephone : (318) _____ Fax: (318) _____

Principal: _____

SDFSC School Contact: _____

SDFSC Needs Assessment Results (Highest Identified Needs):

1. _____
2. _____
3. _____

SDFSC Program(s) Presently Being Implemented:

1. _____
2. _____
3. _____

Assistance that the Region VIII SDFSC Program Coordinator may be able to provide to assist your school in SDFSC program implementation:

(Please check each type of assistance you will need)

_____ State –mandated One-Hour SDFSC Program Policy and Procedures Inservice

CURRICULUM-RELATED TRAINING(S)

_____ Research-Based Strategies _____ Exemplary or Promising SDFSC Programs

_____ Classroom Management and Effective Discipline

SCHOOL CLIMATE AND CULTURE

_____ School Safety Assessment _____ CPI's Non-Violent Crisis Intervention

_____ Bullying _____ Conflict Resolution _____ Cultural Diversity

OTHER (Please list)
