Oklahoma State Department of Education

Office of School Support/School Improvement

School Improvement Grant (SIG) Application Amendment Form

The Oklahoma State Department of Education (OSDE) is requesting that any changes to the original School Improvement Grant (SIG) application be recorded in the form below. Please be advised the SIG Amendment Form is only for minor changes that were deemed necessary following a needs assessment in order to reach student achievement goals.

| Local Educational Age | ency (LEA): Oklahoma City Public Schools |
|--|---|
| Name of School: Sh | nidler Elementary School |
| Cohort: Coho | ort 1 Cohort 2 Cohort 3 🗸 |
| Complete the chart below for a care | each section of the LEA or school application that has been altered since the grant was |
| Provide the section and page number of LEA or school application. | Provide a brief description and a list of evidence to support the amendment. |
| Based on additional SIG funding Shidler is requesting additional expenditures. | As a Cohort 3 school, Shidler Elementary had the option to apply for the FY2013 additional SIG funds and has requested to add a site license for Voyager Ticket to Read and Study Island. Ticket To Read is used by all students to increase fluency and vocabulary. It is highly engaging and the students at Shidler Elementary improved on their DIBELS scores last year. Study Island is used by our upper grades to increase content knowledge and vocabulary. It especially supports our Social Studies and Science curriculums and it is aligned to the Common Core State Standards. Study Island is also a highly engaging program. |
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| Provide the section and page number of LEA or school application. | Provide a brief description and a list of evidence to support the amendment. |
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Principal, Turnaround Director and Superintendent Approval

| Principal (Printed Name): | Signature of Frincipal and Date |
|-------------------------------------|---|
| Mr. Steve Johnson | x_ <u>//15/13</u> |
| Turnaround Director (Printed Name): | Signature of Turnaround Director and Date |
| Dr. Chris Caram | x |
| Superintendent (Printed Name): | Signature of Superintendent and Date |
| Mr. Karl Springer | X |