

IDEA Partnership for Systemic Change Grants: K–12 and Preschool Project Design Justification Document

LEA/School(s): _____

Name of person completing document: _____

Email address of person completing document: _____

Briefly describe adjustments/changes being made to your project design and the rationale for the adjustments/changes.

How will these adjustments/changes impact the long-term goal identified as the definition of success outlined within the performance measures and outcomes section of the application? If changes need to be made to the long-term goal, please explain and identify the new goal below.

TDOE use only: Signature below assures a review of the above document.

TDOE Comments:

TDOE Reviewer	Signature	Position	Date of Review