

RFP. 026  
Sec. 10-76t-w  
Rev. 04/16

Project No: \_\_\_\_\_  
(For State Use Only)

Agency: Woodbridge Board of Education

**COVER PAGE**

Connecticut State Department of Education  
Bureau of Special Education  
Hartford

Applicant Agency  
(name, address, and phone):

Woodbridge Board of Education  
Beecher Road School  
40 Beecher Road  
Woodbridge, Connecticut 06525

Local Program Title:

Project SAFE  
Schools are Friendly Environments

Name of School(s) Where Program(s) Will Operate:

Beecher Road School

Date of Initial PMHP Funding (for continuing programs):

August 1998

Present Agency Contact Person  
(name, address, phone, e-mail)

Ms. Cheryl Mammen, Special Services Director  
40 Beecher Road, Woodbridge, Connecticut 06525  
203-389-2195  
cmammen@woodbridgaps.org

Program Dates:

From August 27, 2018 To June 10, 2019

Agency Contact Person during Program Implementation  
(name, address, phone, e-mail)

Dr. Kristine Ross, Primary School Psychologist  
40 Beecher Road, Woodbridge, Connecticut 06525  
203-389-2195, ext 124

I, Robert Gilbert, the undersigned authorized chief administrative official of this agency, submit this application on behalf of the participating agency, attest to the appropriateness and accuracy of the information contained herein, and certify that this application, if funded, will comply with all relevant requirements of Section 10-76t-w (inclusive) of the Connecticut General Statutes and that the Statement of Assurances and all other assurances made herein will be fully implemented.

Signature: \_\_\_\_\_ Title: Superintendent

Name (typed): Robert Gilbert Date: September 18, 2018

Agency: Woodbridge Board of Education

## ABSTRACT PAGE

|                             |  |
|-----------------------------|--|
| <b>Applicant Agency:</b>    | Woodbridge School District / Beecher Road School   |
| <b>Local Project Title:</b> | Project SAFE Schools are Friendly Environments)  |
| <b>Funds Requested:</b>     | \$20,000   |
| <b>Objectives:</b>          | <p>Project SAFE promotes a secure and friendly school environment. All students have the opportunity to thrive socially, emotionally, and academically. Pre-Kindergarten through Second Grade Children who are identified with risk factors (T-CRS), receive research-based early intervention (Children's Institute). Third Grade Children participate through referral. The Child Associate and Primary Psychologist support children's adjustment through PMHP Child-Led Play; Social Skills and Yoga. Intervention involves partnerships with Parents, Teachers, and Administrative Team. The CMHC Family Team program and practices continue. <i>2018-2019 proposal: * See Budget</i></p> |

### Project Activities:

- Early identification of "at risk" Pre-Kindergarten to Second Grade Students through Teacher Child Rating Scales
- The T-CRS provides a universal screening for Students in Pre-Kindergarten through Second Grade.
- Goal-setting and Routine contacts with Parents (phone, email contacts, & child-specific photo/text updates)
- Individual, weekly Child-Led Play sessions
- Small Transitional Groups, as needed
- PMHP Parent Activities that enhance parent-child relationships. Parent Activities provide a tradition of community-building events with a wide attendance over time.
- Collaboration with the CMHC Family Team, Woodbridge Youth and Human Services, Regional Community Collaborative and an established network of Community Providers, including Yale Child Study, Clifford Beers Clinic, Bridges Clinic, and Parent Child Resource Center.

### Procedures for Data Collection and Reports Expected:

- State Mandated Forms: T-CRS (universal screen/pre data), T-CRS (post data), PSR (Professional Summary)
- Beginning of session conference and routine parent/teacher communications and contacts.
- Review of PMHP Activities and Outcomes to School Climate Committee and Board of Education
- CMHC Family Team end of the year Summary "At-a-Glance" progress Report
- Final cumulative report by Director of Special Services disseminated to Woodbridge Board of Education & Connecticut State Department of Education

**PMHP BUDGET WORKSHEET**

|  |                                   |
|--|-----------------------------------|
| GRANT <input checked="" type="checkbox"/>  | CONTRACT <input type="checkbox"/> |
| GRANTEE NAME: <b>Woodbridge Board of Education</b>   | TOWN CODE: <b>167-02</b>          |
| GRANT TITLE: <b>PRIMARY MENTAL HEALTH PROGRAM</b>  |                                   |
| PROJECT TITLE: <b>Project SAFE, Schools are Friendly Environments</b>  |                                   |
| CORE-CT CLASSIFICATION: FUND: 11000 SPID: 12198 PROGRAM: 82079<br>BUDGET REFERENCE: 2019 CHARTFIELD1: 170036 |                                   |
| GRANT PERIOD: <b>07/01/18 - 06/30/19</b>   | AUTHORIZED AMOUNT: _____          |

School District: Woodbridge Board of Education/ Beecher Road School

FISCAL Year 2019

| CODES | DESCRIPTIONS                        | BUDGET<br><i>(Local contribution for continuing districts only)</i> |      | BUDGET<br><i>(*State Funds Only)</i> |         |
|-------|-------------------------------------|---|------|--------------------------------------|---------|
|       |                                     | Primary Project   | CMHC | Primary Project                      | CMHC    |
| 100   | SALARIES                            | \$16,000  |      | \$10,000                             |         |
| 200   | PERSONAL SERVICES EMPLOYEE BENEFITS |   |      |                                      |         |
| 322   | IN-SERVICE                          |   |      |                                      |         |
| 325   | PARENT ACTIVITIES                   |   |      | \$3,375                              | \$4,000 |
| 500   | OTHER PURCHASED SERVICES            |   |      | \$1,616                              |         |
| 600   | SUPPLIES                            |   |      | \$1,009                              |         |
| 700   | PROPERTY/EQUIPMENT ONLY             |   |      |                                      |         |
|       | TOTALS                              | \$16,000  |      | \$16,000                             | \$4,000 |

\_\_\_\_ Original request date  
\_\_\_\_ Revised request date

\_\_\_\_\_  
CT State Department of Education  
Program Manager Authorization

\_\_\_\_\_  
Date of  
Approval