**ESSER III Academic Justification**

***Must be submitted to Associate Superintendent and External Funding Coordinator when requesting for ESSER 3 purchases***

This form to document the expenditure of ESSER funds on an allowable activity that meets the intent and purpose of the ESSER grants. As defined by the US Department of Education, the intent and purpose of the ESSER grants is to prevent, prepare for, or respond to the COVID-19 pandemic, including its impact on the social, emotional, mental health, and academic needs of students. The activity documented with this form may be funded with any ESSER grant funds (ESSER I, II, III, or a combination of those). One activity may be documented per form.

**List item/program/professional development/personnel below: Provide name of product, name of conference/training attending, for contracted svc name of vendor and product.**

**CNA/CIP/**

**DIP Ref:**

**Area of TEA Learning Acceleration Framework Addressed select below:**

Foundational Strategies:

Ensure that all students have access to high quality instructional materials

Prioritize essential grade level knowledge and skills

Key Components of Effective Instruction in  Reading Language Arts  Mathematics

Universal Strategies

Just in Time Intervention

High Quality Differentiation and Scaffolding

Extended Instructional Time

Targeted Strategies

High-dosage Tutoring

Acceleration Academies

Small Group and One-on-One Interventions

Other:

Mental hlth svc & support  Technology Support  Professional development

Select ESSER III activity that is being addressed:

Per USDE, ESSER funds may be expended for any statutorily allowable activity under any of the three statutes. For each box checked above (ESSER I, II, or III), list the statutorily allowable activity that your expenditure aligns with.

Click here to select acitvity

**Rationale: Explain why this item reasonable, necessary, and if applicable how it addresses learning loss. Include research-based evidence in you documentation submitted. For travel attach brochure & detailed agenda and list the sessions you intend to attend. Contracted Svc attach quote for services to be rendered.**

Principal/Dept Authority Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by External Funding Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_