# *2019 Mississippi Exemplary Inclusion Award Program*

*Application Cover Page*

**Return by January 18, 2019 to:**

Dr. Armerita D. Tell

Office of Special Education

Mississippi Department of Education

P.O. Box 771

Jackson, Mississippi 39205-0771

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| --- | --- | --- | --- | --- |
| School District: |  | | | |
| County: |  | | | |
| School: |  | | | |
| School Address: (city, state zip) |  | | Phone #: |  |
| Prior Awards: | Have you previously applied for the award? ☐ Yes ☐ No  If so, what year(s)? | | | |
|  |  | | | |
| Teachers or staff responsible for ensuring inclusion, including the positions and credentials held: | | | | |
|  | |  | | |
| Faculty & Staff Information: | Number of administrators  Number of general education teachers  Number of special education teachers  Number of classified staff funded by district  Number of classified staff funded by IDEA  Number and position of additional support staff, if any: | | | |
| Student Information: | # of students enrolled in the school  % of the school population that is eligible under IDEA by category: | | | |

District Superintendent Name (printed) Signature (required)