


Report Status: Submitted		FORMULA		Report ID: 0022270659050001					
		Organization: SAN FELIPE-DEL RIO CISD Campus/Site: ROBERTO BOBBY BARRERA EL STEM MAGNET Vendor ID: 1741694073		County District: 233901114 ESC Region: 15 School Year: 2018-2019					
SAS#: ESSAAA19									
2018-2019 ESSA Consolidated Federal Grant Application									
PR1500 - Equity Data Survey									
				Amendment #	Version #				
				00	01				
<input type="checkbox"/> District Not Required to Report This Campus (if selected, go to Part 6 to submit report) <input type="checkbox"/> District is a District of Innovation that has access exemptions from state certification requirements									
Part 1: LEA Information									
Campus Name	ROBERTO BOBBY BARRERA EL STEM MAGNET								
Campus Number	233901114								
Part 2: General Education					Help				
For teachers that are not generalists but teach multiple subjects, include the teacher for each subject taught.									
Elementary (PK-5)									
Assignment	Total Teachers	Out-of-Field	Credential for the Teaching Assignment in Question						
			Standard	Probationary	Intern	Emergency	District Permit	VIT	No Credential
Generalist	7		7						
Math									
Science									
Social Studies									
ELA/Reading									
Fine Arts	1		1						
LOTE									
PE/Health									
CTE									
Tech Apps									
Assignment	Total Teachers	Teaching Experience							
		0 yrs	1 yrs	2-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21+ yrs	
Generalist	7	1		6					
Math									
Science									
Social Studies									
ELA/Reading									
Fine Arts	1							1	
LOTE									
PE/Health									
CTE									
Tech Apps									



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County District: 233901114

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Part 2: General Education (continued)

For teachers that are not generalists but teach multiple subjects, include the teacher for each subject taught.

Secondary (6-12)

Assignment	Total Teachers	Out-of-Field	Credential for the Teaching Assignment in Question						
			Standard	Probationary	Intern	Emergency	District Permit	VIT	No Credential
Generalist									
Math									
Science									
Social Studies									
ELA/Reading									
Fine Arts									
LOTE									
PE/Health									
CTE									
Tech Apps									

Assignment	Total Teachers	Teaching Experience						
		0 yrs	1 yrs	2-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21+ yrs
Generalist								
Math								
Science								
Social Studies								
ELA/Reading								
Fine Arts								
LOTE								
PE/Health								
CTE								
Tech Apps								



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Part 3: Bilingual and Special Education

[Help](#)

Include teachers in this section regardless of what subject they teach in either a bilingual or special education setting. Teachers included here will often also be included in the section above.

Elementary (PK-5)								
Assignment	Total Teachers	Out-of-Field	Credential for the Teaching Assignment in Question					
			Standard	Probationary	Intern	Emergency	VIT	
Bilingual/ESL								
Special Education								
Assignment	Total Teachers	Teaching Experience						
		0 yrs	1 yrs	2-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21+ yrs
Bilingual/ESL								
Special Education								
Secondary (6-12)								
Assignment	Total Teachers	Out-of-Field	Credential for the Teaching Assignment in Question					
			Standard	Probationary	Intern	Emergency	VIT	
Bilingual/ESL								
Special Education								
Assignment	Total Teachers	Teaching Experience						
		0 yrs	1 yrs	2-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21+ yrs
Bilingual/ESL								
Special Education								

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Part 4: Campus Principal

Help

Principal Experience

As a principal in total 0 yrs

As a principal for this campus 0 yrs

Part 5 is hidden because you haven't selected either 'TA' or 'SW' on SC5000 schedule in the ESSA grant application.

Part 6: Certification and Incorporation

Primary Contact

First Name	26 of 30	Initial	Last Name	25 of 30	Title	13 of 40
Aida			Gomez		Chief Instructional Officer	
Telephone	Ext.	Fax	E-Mail	36 of 60	Confirm E-Mail	36 of 60
830-778-4010		830-778-4944	aida.gomez@sfd-r-cisd.org		aida.gomez@sfd-r-cisd.org	

Certification and Incorporation Statement

I hereby certify that the information contained in this report is, to the best of my knowledge, correct and that the local education agency named above has authorized me as its representative to submit this data. I further certify that reported program activities were conducted in accordance with all applicable State laws and regulations, and instructions, the Provisions and Assurances, Debarment and Suspension, Lobbying Requirements, Special Provisions and Assurances, and the schedules of the approved application for funding.

Authorized Official

Copy Click this button if the Authorized Official's contact information is the same as the Primary Contact information.

First Name	24 of 30	Initial	Last Name	26 of 30	Title	26 of 40
Carlos			Rios		Superintendent	
Telephone	Ext.	Fax	E-Mail	35 of 60	Confirm E-Mail	35 of 60
830-778-4007		830-778-4944	carlos.rios@sfd-r-cisd.org		carlos.rios@sfd-r-cisd.org	

Submitter Information

First Name	Last Name	Approval ID	Submit Date and Time
Jessie	Dehoyos	jdehoyo0628	11/26/2018 12:43:09 PM

Only the legally responsible party may submit this report.

Certify and Submit