

Education Employee Well-Being

Contracted Well-Being Service Request Form

1. Organization name:
2. Organization contact name:

Title:

Email:

Phone number:

1. ☐​ By checking the box, you are confirming that a decision-making leader, administrator, or manager at your organization is aware of this request (or that you are authorized to make this request).
2. A decision-making leader, administrator, or manager authorized to make decisions about this request will be copied on an approval email. Please provide their contact information, if you are not this person:
3. Name:
4. Role:
5. Email:
6. Organization type (please note, Oregon Well-Being Trust funds can only be used to support the well-being of current public education employees in Oregon):
	1. K-12 district
	2. Community college
	3. ESD
	4. Other educator-serving organization. Please specify:
7. Who will have access to participating in the requested services?
	1. All/any of the organization staff
	2. Specific department or sub-group of employees at the organization (such as a group with a specific role or job classification)
	3. For job associations, only members who are active public education employees in Oregon
	4. Cohort of public education employees from other Oregon employers but who receive support or professional development from your organization
	5. Other, please describe:
8. Total number of employees at your organization:
9. Total number of education employees you would expect to actively participate in the requested services:
10. Which Provider and Service are you requesting? Please choose only 1 provider and 1 service.
	1. The Teaching Well
		1. Service 1: Wellness and Stability Coaching
		2. Service 2: Holding Space for Connected Communication
		3. Service 3: Amplifying Educator Voices
	2. School Crisis Recovery and Renewal
		1. Service 1: Leading with Stability in Unstable Times
		2. Service 2: Honoring Boundaries for Oregon Educators’ Wellness
		3. Service 3: Getting Grief Ready
		4. Service 4: Life After Oregon Loss
	3. Oregon Mind Body Institute
		1. Service 1: Foundations of Mindfulness (1 year)
		2. Service 2: Mindfulness Foundations + Systems Change Facilitation and Coaching (up to 3 years)
	4. Pause Meditation
		1. Service 1: Six 60-minute sessions (12 weeks)
		2. Service 2: Four 90-minute sessions (8 weeks)
11. Oregon Well-Being Trust encourages you to collect feedback from staff to better understand employee well-being needs before requesting services. What have your employees identified as their priority well-being need(s) or focus area(s) at this time?
	1. Physical
	2. Social/emotional
	3. Mental
	4. Financial
	5. Sense of purpose
	6. Equity and belonging
	7. Accessibility
12. How have you determined the priority or focus areas for your employees (or the education employees you serve) and how have you determined that the requested services would respond to their well-being needs? (For example, did you offer a survey, conduct a focus group, etc.)
13. Short description (3-5 sentences) of how this organization will support the coordination and implementation of the requested services, and the collection of participant data and feedback.
14. What is the desired outcome from working with the provider and participating in the service offering? Please include how the services will support the health and well-being of those who participate, and how the services align with the organization’s other strategies to support belonging, accessibility, and well-being.