**Title II, Part A, 2017-2018 PRIVATE School Equitable Services**

* **Complete this form for each participating private school located in the LEA.**
* **This form must be completed by the public school official in consultation with private school officials.**
* **The private school administrator is required to certify this form and should add comments, if any, in item #8.**

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| **TITLE II, PART A – GENERAL INFORMATION** | | | | |
| **#1. Private School Information** | | | | |
| **Private School Name** | Click here to enter text. | **Contact Person** | | Click here to enter text. |
| **Street Address** | Click here to enter text. | **Contact Telephone #** | | Click here to enter text. |
| **City/Town, Zip Code** | Click here to enter text. | **Contact Email** | | Click here to enter text. |
|  | | **LEA** | | Click here to enter text. |
| **#2. Equitable Services: Title II, Part A, Allocation** | | | | |
| **Title II, Part A**  Supporting Effective Instruction | | | | |
| 1. Number of Students | | | | |
| A1. LEA enrollment | | | Click here to enter text. | |
| A2. Participating private schools enrollment | | | Click here to enter text. | |
| A3. Total enrollment (A1 + A2) | | | Click here to enter text. | |
| 1. Title II, Part A, Allocation | | |  | |
| B1. Total LEA Allocation | | | Click here to enter text. | |
| B2. Administrative costs (5%) reserved at the LEA | | | Click here to enter text. | |
| B3. LEA allocation minus admin costs (B1 – B2) | | | Click here to enter text. | |
| **Private School Allocation** | | | | |
| C. Per Pupil Rate | | | | |
| C1. Per pupil rate (PPA) (B3 divided by A3) | | | Click here to enter text. | |
| C2. Equitable Services Allocation: Amount LEA must reserve for equitable services for all participating private school teachers (A2 X C1) | | | Click here to enter text. | |
| C3. Students enrolled in Click here to enter text. | | | Click here to enter text. | |
| C4. Allocation for Click here to enter text.(C1 X C3) | | | Click here to enter text. | |
| **Dates of Meetings:** Click here to enter text. | | | | |

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| **PROGRAM DESCRIPTIONS** |
| **#3. For Title II, Part A: Complete items #3-8 below.** Professional Development Activities |
| **Description:** Click here to enter text. |
| **#4. Check the option(s) agreed upon for Title II, Part A, services following consultation.** |
| Provide high-quality, evidence based, personalized professional development to effectively integrate technology in the curricula using data to improve student achievement, engaging parents, families, and community partners, as well as opportunities for experiential learning Click here to enter text. |
| Professional Development to promote high-quality instruction and instructional leadership in science, technology, engineering, and mathematics subjects including computer science Click here to enter text. |
| Activities that increased the ability of teachers to effectively teach children with disabilities and English Learners  Click here to enter text. |
| Training to support the identification of students who are gifted and talented Click here to enter text. |
| Supporting the instructional services provided by effective school library programs Click here to enter text. |
| Training to all school personnel regarding how to prevent and recognize child sexual abuse Click here to enter text. |
| Other [Describe] Click here to enter text.  Click here to enter text. |
| **#5. Describe criteria used to select professional development for the needs of students and teachers.** |
| **Description:** Click here to enter text. |
| **#6. Describe how professional development will be evaluated and how evaluation results will be used to improve services.** |
| **Description:** Click here to enter text. |

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| **TITLE II, PART A – EQUITABLE SERVICES TIMELINE** | | |
| **#7. System wide Title II, Part A, timeline of private school services for the 2017-18 school year** | | |
| **Activities** | | |
| Description of Activity (Include Service Provider) | Location of Professional Development Activity | Date of Professional Development Activity |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **#8. Comments from Private School Officials regarding the collaboration process. (If none, please type none in the space provided.)** | | | |
| Click here to enter text. | | | |

**Title II, Part A, Agreement of Services**

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| **YES** | This affirmation confirms timely and meaningful consultation did occur for the program design and is equitable with respect to eligible private school children. |
| **NO** | Timely and meaningful consultation has not occurred and/or the program design is not equitable with respect to eligible private school children. |

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**School System Representative / Date Private School Representative / Date**