**2017-2018 PRIVATE School Title I, PART A, 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 #18.**

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| **TITLE I, 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 I, Part A, Proportionate Share** | | | | |
| ***Title I, Part A***  *Improving Academic Achievement*  *(Insert amount from private schools in e-GAP.)* | | | | |
| **Private School Equitable Services** | | | | |
| A1: Total Title I Allocation | | | Click here to enter text. | |
| A2: LEA Low-Income Enrollment | | | Click here to enter text. | |
| A3: Participating Private Schools Low-Income Enrollment | | | Click here to enter text. | |
| A4: Total Low-Income Enrollment (A2+A3) | | | Click here to enter text. | |
| A5: Per Pupil Amount (A1 divided by A4) | | | Click here to enter text. | |
| Equitable Services for Click here to enter text. | | | | |
| C1: Low-Income Enrollment | | | Click here to enter text. | |
| C2: Title I Allocation for Click here to enter text.(C1 X A5) | | | Click here to enter text. | |
| Is LEAs Title I Allocation more than $500,000  Yes  No (If yes, the private school must allocate 1% of its allocation for Parent and Family Engagement activities.) | | | | |
| C3: Parent and Family Engagement (C2 X .01) | | | Click here to enter text. | |
| **#3. Consultation: Meaningful consultation has taken place between the local education agency and private school officials to design and develop the program services and benefits to be provided**.  Consultation meetings must continue through implementation and assessment of such services. Records of meeting(s) such as agendas and meeting summaries must be kept on file in the school system and be made available upon request. | | | | |
| **Dates of Meetings:** Click here to enter text. | | | | |

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| **PROGRAM DESCRIPTION** |
| **#4. For Title I, Part A: Complete items #4-17 below.** All federal programs and activities, including materials and supplies, shall be secular, neutral, and non-ideological. **What equitable secular services will be offered?** |
| **Description:** Click here to enter text. |
| **#5. How will the needs of students most at risk be identified and served first?** |
| **Description:** Click here to enter text. |
| **#6. How will the services be provided?** |
| **Description:** Click here to enter text. |
| #**7. Where will the services be provided?** |
| **Description:** Click here to enter text. |
| **#8. Who will provide the services?** |
| **Description:** Click here to enter text. |
| **#9. What evidence-based methods and instructional strategies will be used?** |
| **Description:** Click here to enter text. |
| **#10. How will these services coordinate with the regular classroom program?** |
| **Description:** Click here to enter text. |
| **#11. How will student progress be evaluated?** |
| **Description:**Click here to enter text. |

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| **TITLE I, PART A – EQUITABLE SERVICES CALCULATIONS** | | | | |
| **#12. Describe the high-quality, on-going professional development that will be provided for the teachers and staff that work with the participating students.** | | | | |
| **Description:** Click here to enter text. | | | | |
| **#13. Describe activities related to parent and family engagement. (One percent (1%) of private school allocation)** | | | | |
| **Description:** Click here to enter text. | | | | |
| **#14. Cost estimates for services for private school's students in** Click here to enter text. | | | | |
| **Instructional Services** | | |  | |
| a. 2017-2018 Title I budgeted funds for student services. | | | $Click here to enter text. | |
| **Parent Involvement Services** | | |  | |
| b. 2017-2018 estimated Title I parental involvement funds for services to private school parents. | | | $Click here to enter text. | |
| **#15. Cost estimates for services for private school's students** | | | | |
| **Total for student services** [Subtract b from a] | | | $Click here to enter text. | |
| **#16. Personnel and Non-personnel Services** | | | | |
| Expense category |  | | Amount | |
| a. Certified teachers for tutoring | Click here to enter text. | | $Click here to enter text. | |
| b. Purchased Services for eligible students | XXXXXXXX | | $Click here to enter text. | |
| c. Supplies for eligible students | XXXXXXXX | | $Click here to enter text. | |
| d. **TOTAL** [Add lines 13a through 13c.] | XXXXXXXX | | $Click here to enter text. | |
| **TITLE I, PART A – EQUITABLE SERVICES TIMELINE** | | | | |
| **#17. System wide Title I, Part A, timeline of private school services for the 2017-2018 school year** | | | | |
| **Instructional Services** | | | | |
| Description | | Planned Dates  of Service | | Dates Services Occurred |
| 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. |
| **Parent Involvement Services** | | | | |
| Description | | Planned Dates  of Service | | Dates Services Occurred |
| 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. |
| **Professional Development Services** | | | | |
| Description | | Planned Dates  of Service | | Dates Services Occurred |
| 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. |
| **Other Services** | | | | |
| Description | | Planned Dates  of Service | | Dates Services Occurred |
| 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. |

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| **#18. Comments from Private School Officials regarding the collaboration process. (If none, please type none in the space provided.)** |
| Click here to enter text. |

**Title I, 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**