



**Name of Site:** \_\_\_\_\_

## PRIVATE SCHOOL CONSULTATION FORM

# C

Deadline for submission of completed forms:  
 Scan and upload to ADE as part of the application in the  
 Grants Management System by 5:00:00 PM on May 4, 2016

**FORM C**

Students who attend private schools within the school boundaries of the school's students who are to be served by the proposed program are eligible to participate. If any private schools are located in the area to be served, the applicant is expected to consult with the private school officials during the design and development of the program on issues such as needs identification, services to be offered, service delivery, program assessment, and scope and size of services to be provided to private school students.

**Are any private schools located in the area to be served by the proposed program? Select your response below.**

☐ **NO.** If no, you do not need to complete the private schools information, but do sign and date at the bottom of the form.

☐ **YES.** However, we are a charter school, and are exempt from the private school consultation requirement (due to lack of school boundaries). You do not need to complete the private schools information, but do sign and date at the bottom of the form.

☐ **YES.** Complete the remainder of the form. Please sign and date at the bottom of the form. **If yes,** list all private schools that were consulted. Print name, title and phone number of the school official who was consulted. Provide date(s) and type(s) of consultation (e.g., face-to-face meeting, e-mail, fax, telephone call, letter, etc.) and reason(s) for declining.

<b>Private school name</b>		
Print name & title of school official		Phone/email:
Date(s) and type(s) of consultation:		
Did this private school decline to participate? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list reason(s) for declining to participate.	
<b>Private school name</b>		
Print name & title of school official		Phone/email:
Date(s) and type(s) of consultation:		
Did this private school decline to participate? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list reason(s) for declining to participate.	

Printed Name

Printed Title

Signature

Date Signed *Mo./Day/Yr.*

	<b>PRIVATE SCHOOL CONSULTATION, Continued</b>	<b>FORM C, Continued</b>
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<b>Private school name</b>		
Print name & title of school official		Phone/email:
Date(s) and type(s) of consultation:		
Did this private school decline to participate? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list reason(s) for declining to participate.	
<b>Private school name</b>		
Print name & title of school official		Phone/email:
Date(s) and type(s) of consultation:		
Did this private school decline to participate? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list reason(s) for declining to participate.	
<b>Private school name</b>		
Print name & title of school official		Phone/email:
Date(s) and type(s) of consultation:		
Did this private school decline to participate? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list reason(s) for declining to participate.	
<b>Private school name</b>		
Print name & title of school official		Phone/email:
Date(s) and type(s) of consultation:		
Did this private school decline to participate? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list reason(s) for declining to participate.	
<b>Private school name</b>		
Print name & title of school official		Phone/email:
Date(s) and type(s) of consultation:		
Did this private school decline to participate? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list reason(s) for declining to participate.	

Printed Name

Printed Title

Signature

Date Signed *Mo./Day/Yr.*